

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11763

61

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years

Hospital, institution, or street address where death occurred:

211 High Street

How long in hospital or institution?

## 3. (a) FULL NAME

Fannie E. Baker

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widow

6. (b) Name of husband or wife

Elijah Baker

7. Birth date of deceased (mo. day, yr.)

February 18, 1866

8. (c) If alive, give age years

8. AGE:

Years  
82Months  
8Days  
20If less than one day  
hrs. min.

9. Birthplace

Emmitsburg, Maryland

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

MOTHER FATHER

12. Name John Eyler

13. Birthplace Emmitsburg, Maryland

14. Maiden name Elizabeth McClain

15. Birthplace Emmitsburg, Md.

16. Informant Mrs. Grace Schmidt

Address Hagerstown, Maryland

17. Burial Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director C. M. Suter &amp; Sons

Address Hagerstown, Maryland

19. Date rec'd by registrar Nov. 8. 1948

Signature of Registrar

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 211 High Street

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

NONE

## MEDICAL CERTIFICATION

20. DATE OF DEATH

7 M 48

19

at 6A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 1 1948 to 7 M 48

19 48

and that I last saw her alive on 6 M 48

19 48

Immediate cause of death

arterio sclerotic C-V Disease  
with myocardial failure

DURATION

10 yrs +

Due to

Due to

Other conditions Diabetes Mellitus

10 yrs +

(Include pregnancy within 3 months of death)

Major findings of operations

The

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

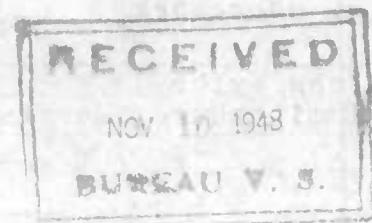
23. SIGNATURE

Signature

Address

M. D. or other

Date signed 7 M 48



Lumber

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11764

## CERTIFICATE OF DEATH

131a  
304  
Reg. Dist. No.

1. PLACE OF DEATH:  
County Washington  
City or town Hancock  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 30 years  
Hospital, Institution, or street address where death occurred:  
West Main Street  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Hancock  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. West Main Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war

## 3. (a) FULL NAME

William Ervin Baker

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

Male White Married

8.(b) Name of husband or wife Mary Reed Baker

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1869 6. (c) If alive, give age 73 years

8. AGE: Years Months Days If less than one day  
78 11 0 - hrs. - min.9. Birthplace Brandy's Mills, Fulton Co., Penna.  
(Town, county, and state)

10. Usual occupation Miller

## 11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Penna.

MOTHER 14. Maiden name Martha Baker

15. Birthplace Penna.

16. Informant Mrs. Mary R. Baker

Address Hancock, Md.

17. Burial Date thereof Nov. 26, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Parkhead Evan Church Cem.

Location 8 mi. east of Hancock on Route 40

18. Funeral director Charles R. East

Address Hancock, Maryland

19. 11-26-48 (Date rec'd by registrar) J. H. Heller  
Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23, 1948, at 11:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 23, 1948, to Nov. 23, 1948

and that I last saw him alive on Nov. 22, 1948

Immediate cause of death Cardiac Failure (heart)

DURATION

Due to Chronic Cardi - vascular

renal disease

Due to arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

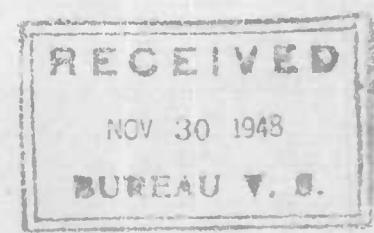
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Herbert R. Johnson, M.D. M. D. or other

Address Hancock, Md. Date signed 11-26-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11765

## CERTIFICATE OF DEATH

1366  
Reg. Dist. No. 3021

## 1. PLACE OF DEATH:

County..... Washington  
City or town..... Hagerstown, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Life

Hospital, Institution, or street address where death occurred: Washington County Hospital

How long in hospital or institution?..... 1 day

## 3. (a) FULL NAME

Frank C. Beachley

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widower

6. (b) Name of husband or wife..... Annetta Beachley

7. Birth date of deceased (mo., day, yr.)..... November 16, 1877  
8. (c) If alive, give age..... years

8. AGE: Years	Months	Days	It less than one day
70	11.	28	hrs. min.

9. Birthplace..... Hagerstown, Wash. Co. Md.  
(Town, county, and state)

10. Usual occupation..... Merchant

11. Industry or business

MOTHER FATHER  
12. Name..... J. Henson Beachley  
13. Birthplace..... Hagerstown, Maryland

MOTHER FATHER  
14. Maiden name..... Anna Knode  
15. Birthplace..... Hagerstown, Maryland

16. Informant..... Fred. Beachley  
Address..... Washington, D. C.

17. Burial..... Bete thereof. 11- 15- 48  
(Burial, cremation, or removal. Which?)  
Cemetery or crematory..... Rest Haven Cemetery

Location..... Hagerstown, Maryland

18. Funeral director..... C. M. Suter & Sons  
Address..... Hagerstown, Maryland

19. Date rec'd by registrar..... Nov. 13. 1948  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington  
City or town..... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No..... 216 Summit Avenue  
(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

NONE

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov. 13 1948, at 19.45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 12 1948 to Nov. 13 1948, and that I last saw him alive on Nov. 13 1948.

Immediate cause of death..... St. of fatigued Cardiac -  
Vascular - Renal Disease.  
DURATION..... 141.

Due to.....

Due to.....

Other conditions..... St. of fatigued of Prostate 10 yrs.  
Spermia 87% (include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

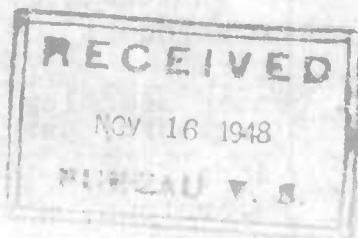
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... J. H. Beachley  
Address..... Hagerstown, Maryland  
M. D. or..... Date signed..... Nov. 13. 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11766

1246  
Reg. Dist. No. 302

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 years

Hospital, Institution, or street address where death occurred:

235 Suter Ave.

How long in hospital or institution?

## 3. (a) FULL NAME

Harvey S. Benedeick

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Grace May Benedeick

8. (c) If alive, give age .. years

7. Birth date of deceased (mo. day, yr.)

Feb, 1, 1873

8. AGE:

Years

Months

Days

If less than one day

75 9 11

hrs.

min.

9. Birthplace

Franklin Co. Penna.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

MOTHER FATHER

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

16. Informant

Mrs. Grace M. Benedeick

Address

235 Suter Ave. Hagerstown, Md.

17. Burial

Date thereof Nov. 16, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Mont Alto, Penna.

18. Funeral director

Fred W. Kraiss

Address

Hagerstown, Maryland.

19. (Data rec'd by registrar)

Nov. 15, 1948

Death record

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Washington

City or town

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

235 Suter Ave.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

220-09-7645

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 15 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 14 1948 to Nov. 15 1948

and that I last saw him alive on Nov. 15 1948

Immediate cause of death

Sudden of liver

DURATION

Due to

Due to

Other conditions

Arterio sclerosis

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

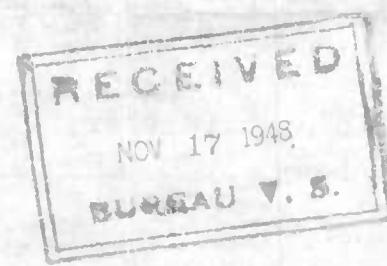
23. SIGNATURE

H. J. Benally, M.D. or other

Addressee

Date signed

Nov. 15, 1948



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Dr. Novenstein

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

83a

11767

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington Cty. Hospital

How long in hospital or institution? One Week

## 3. (a) FULL NAME

Carroll Raymond Birely

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

8. (b) Name of husband or wife Pauline L.

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1902

8. (c) If alive, give age 43 years

8. AGE: Years Months Days If less than one day  
46 9 13 hrs. min.9. Birthplace Sabillasville, Frederick Co.,  
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farmer

12. Name Thomas Edward Birely

13. Birthplace Smithsburg, Md.

14. Maiden name Mamie Alice Manahan

15. Birthplace Deerfield, Md.

16. Informant Pauline L. Birely

Address Smithsburg, R. # 2, Md.

17. Burial Date thereof Nov. 24, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Green Hill Cemetery

Location Waynesboro, Pa.

18. Funeral director Andrew K. Coffman

Address Hagerstown, Md.

19. Nov. 23, 1948  
(Date rec'd by registrar)Chas. F. Barnes  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town R. # 2, Smithsburg, Md.

Street No. (If rural, give LOCATION)

none

2.(a) If veteran, name war

## 3. (b) Social Security Number

183-12-2374

## MEDICAL CERTIFICATION

2D. DATE OF DEATH November 21, 1948, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 15, 1948, to Nov. 21, 1948

and that I last saw him alive on Nov. 21, 1948

Immediate cause of death

Subsultal Hematoma of brain  
(bilateral)

DURATION

M. I. D.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of op.

Where did injury occur Hagerstown (City or town) (County) (State)

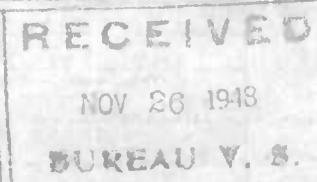
Injured at home, farm, industry, public place (where?) Unknown

Means of injury unknown injured at work?

23. SIGNATURE

S. Sidney Novenstein, M.D.  
Address Hagerstown, Md. Date signed 11/22/48

M. D. or other



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Porterfield  
11768

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

Washington  
County  
St JamesCity or town  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Years

Hospital, institution, or street address where death occurred: Hagerstown Rout. 3

How long in hospital or institution? None

## 3. (a) FULL NAME

David Roy Bitner

## 4. Sex

## 5. Color or race

## 6. (a) Single, married, widowed, or divorced

Male

White

Married

## 6. (b) Name of husband or wife

Etta May

## 8. (c) If alive, give age..... years

## 7. Birth date of deceased (mo., day, yr.)

October 17, 1890

## 8. AGE:

Years  
58Months  
0Days  
17

It less than one day

hrs. min.

## 9. Birthplace

Oakland

(Town, county, and state)

Md.

## 10. Usual occupation

Farmer

## 11. Industry or business

Farmer

William Bitner

## MOTHER FATHER

## 12. Name

Somersit, Penna.

## 13. Birthplace

Nancy Rombolt

## 14. Maiden name

Somersit, Penna.

## 15. Birthplace

Mrs. Etta Bitner

## 16. Informant

St James, Maryland

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... 11/5/48  
(month) (day) (year)

Rose Hill Cemetery

## Cemetery or crematory

Hagerstown, Md

## 18. Funeral director

Andrew K. Coffman

## Address

Hagerstown, Maryland

## 19. (Date rec'd by registrar)

Nov. 8, 1948

Blast Flowers

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland Cooley

Washington

City or town  
(If outside city or town limits, write RURAL and give nearest town)

Street No. None

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (b) Social Security Number

Farmer

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

November 3/ 1948 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 23, 1948, to Nov 3, 1948

and that I last saw him alive on Nov 2, 1948

Immediate cause of death

Coronary Thrombosis

Due to

arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

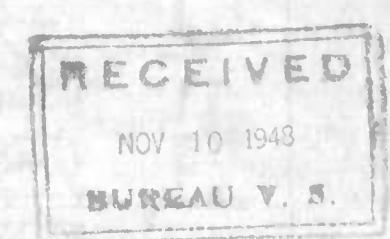
Injured at work?

## 23. SIGNATURE

H. S. Porterfield M.D.

M. D. or other

Address 136 W Washington Date signed 11/5/48



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11769

## CERTIFICATE OF DEATH

93d  
Reg. Dist. No. 302

## 1. PLACE OF DEATH:

Washington  
County.....City or town..... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

609 Salem Ave.

How long in hospital or institution?

## 3. (a) FULL NAME

David Edgar Black

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white married

6. (b) Name of husband or wife

Pearl R. King

7. Birth date of

deceased (mo., day, yr.) Jan 13<sup>th</sup> 1883  
(c) If alive, give age 63 years

8. AGE:

Years 65 Months 10 Days 11 It less than one day hrs. min.

9. Birthplace

Springfield District Va.  
(Town, county, and state)

10. Usual occupation

Folage Attendant

11. Industry or business

B. A. Black

12. Name

B. A. Black

13. Birthplace

Keeketonon Va

14. Maiden name

Edyjy 21. Cottage

15. Birthplace

Luray Va.

16. Informant

David E. Black Jr.

Address

Salem Ave. Ext. Hagerstown Md.

17. Burial

Date thereof 1948 2 8 1948  
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

West Haven Cemetery

Location

Hagerstown Md.

18. Funeral director

West Haven Funeral Chapel

Address

Hagerstown Md.

No. 26

19. (Date rec'd by registrar) 1948

ghost

Boover

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 609 Salem Ave  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

214-09-0875

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Nov. 24 1948 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1948 to 1948 and that I last saw him alive on 1948

Immediate cause of death

Coronary thrombosis

Due to Coronary sclerosis

Due to

Other conditions Hypertension

cardiovascular disease

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

T. J. Laymon

M.D. or other

Address Hagerstown Md. Date signed 1948

RECEIVED

NOV 29 1948

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF STILLBIRTH**

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

Reg. Dist. No. 302

Birth and Death 11990

**1. PLACE OF BIRTH:**

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:

Washington County Hospital

Length of mother's stay in County 29 years  
(How many years, or months, or days. SPECIFY WHICH)

**3. Name of child** Baby Boy Butts

**5. Sex** Male **6. Twin or triplet** \_\_\_\_\_

**FATHER OF CHILD**

8. Full name James Charles Butts

9. Color W 10. Age at time of this birth 42 yrs

11. Usual occupation Is now in State penitentiary

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 3  
(b) How many other children were born alive but are now dead? 2 (c) How many other children were born dead? 0

17. Did child die before labor? no During labor? no

18. Pregnancy, complications of none

19. Labor: (a) Complications of none, Premature  
(b) Induced? no

20. (a) Was there an operation for delivery? no  
(Yes or No)  
(b) State all operations, if any

(c) Did child die before operation?  
During operation?

23. (a) Burial (b) Date thereof 11/18/48  
(Burial, cremation or removal) (month) (day) (year)

(c) Cemetery or crematory Beth Haven

24. (a) Funeral director Beth Haven Chapel  
(b) Address Hagerstown Md.

**2. USUAL RESIDENCE OF MOTHER:**

State Maryland

County Washington

City or town Hagerstown Route  
(If outside city or town limits, write RURAL and give nearest town)

Street No. RR # 5  
(If RURAL give LOCATION)

**4. Date of birth** November 19 48 **Hour** 4:00 **A.M.**

**7. No. of weeks pregnancy** 24 weeks

**MOTHER OF CHILD**

12. Full maiden name Mary Leathem Roler

13. Color W 14. Age at time of this birth 29 yrs

15. Usual occupation House wife

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc, try to add cause thereof.

(a) Fetal causes Prematurity

(b) Maternal causes Prematurity, old  
Lutie

22. I certify to the birth of this child who was born dead\* on the date and hour above stated.

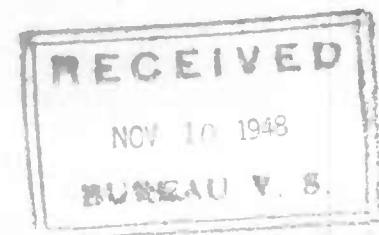
Signature Robert W. Campbell MD  
(Specify if M. D., midwife, or other)

Address Hagerstown Md.

25. (a) No 8148 (b) Beth Haven  
(Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.)  
The above certificate has been examined by me.

Health Officer, per



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11771

## CERTIFICATE OF DEATH

159  
Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County... Washington

City or town... Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 hrs.

Hospital, institution, or street address where death occurred:

Wash. Co. Hospital

How long in hospital or institution? 8 hrs.

## 3. (a) FULL NAME

Gerald Edward Bywaters

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Single

6. (b) Name of husband or wife.

Single

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

November 30 1948

8. AGE:

Years      Months      Days      If less than one day

28 hrs. min.

9. Birthplace

Hagerstown Md.

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

—

MOTHER

FATHER

12. Name

Bywaters

13. Birthplace

Hagerstown Md. R.5

14. Maiden name

Anna Catherine Moses

15. Birthplace

Boonsboro Md. R.2

16. Informant

Frank Bywaters

Address

Hagerstown Md. R.5

17. Burial

Date thereof Dec 1, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Boonsboro Cemetery

Location

Boonsboro Md.

18. Funeral director

Wm J. Bart &amp; Sons

Address

Boonsboro Md

19. Date rec'd by registrar

Dec 1, 1948

Blast Powers

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland

County...

Washington

City or town... Hagerstown

—

Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No... Hagerstown R.5

—

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 30

at 9:42 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 30 48 to Nov 30 48

and that I last saw him alive on Nov 30 48 1948

Immediate cause of death

Pneumonia

Due to

(7 month)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

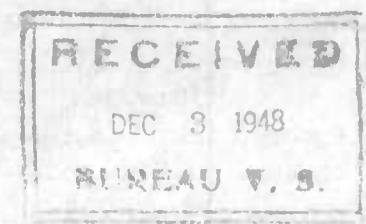
DW Datto

M. D. or other

Address

Date signed

1/1/49



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11772  
801

## CERTIFICATE OF DEATH

83a  
Reg. Dist. No.

## 1. PLACE OF DEATH:

Washington

County

Rural Williamsport R.F.D. 2.

City or town

(If outside city or town limits, write RURAL and give nearest town)

8 Years.

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Henry Thomas Charlton.

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married.

6.(b) Name of husband or wife

Mary Alice Charlton.

7. Birth date of deceased (mo., day, yr.)

Sept. 14 1867.

6.(c) If alive, give age 66 years

8. AGE: Years

Months

Days

If less than one day

81

2

110

hrs. min.

9. Birthplace Williamsport, Washington, Md.

(Town, county, and state)

10. Usual occupation

Retired Farmer.

11. Industry or business

Self.

MOTHER FATHER

Thomas Charlton.

12. Name

Williamsport, Md.

13. Birthplace

Jane Hetzer.

14. Maiden name

Williamsport, Md.

15. Birthplace

Mrs Mary Alice Charlton.

16. Informant

Williamsport R.F.D. 2.

Address

Burial.

Date thereof Nov. 27, 1948.

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Rest Haven.

Cemetery or crematory

Hagerstown, Md.

Location

Mrs Edith V. Leaf.

18. Funeral director

Williamsport, Md.

Address

Nov. 27, 1948 E. Lee McElroy

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland.

County Washington.

City or town Rural Williamsport R.F.D. 2.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None.

## MEDICAL CERTIFICATION

20. DATE OF DEATH

11/24/48

19

21

11 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11/10/48

19

10

19

and that I last saw him alive on 11/24/48

11/24/48

19

10

19

Immediate cause of death

General Arterial Occlusion

DURATION

2 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

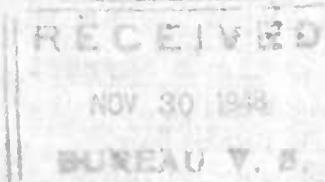
Means of injury

Injured at work?

23. SIGNATURE

Address

A. F. Young  
Williamsport, Md. M.D. or other  
Date signed 11/26/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11773

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County

WASHINGTON

City or town

HAGERSSTOWN

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 WEEKS

Hospital, institution, or street address where death occurred

GARLOCK MEMORIAL CONVALESCENT HOME

How long in hospital or institution? 3 WEEKS

## 3. (a) FULL NAME

Lottie E. Clark

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FEMALE

WHITE

Widow

6. (b) Name of husband or wife

W. JAMES CLARK

7. Birth date of deceased (mo., day, yr.)

AUGUST 31, 1855

8. (c) If alive, give age, years

8. AGE:

Years  
93Months  
2Days  
4

If less than one day

hrs. min.

8. Birthplace

FRANKLIN Co. PA.

(Town, county, and state)

10. Usual occupation

HOUSEKEEPER

11. Industry or business

MOTHER FATHER

JOHN CROFT

12. Name

FRANKLIN Co. PA.

13. Birthplace

MARTHA WEITZ

14. Maiden name

FRANKLIN Co. PA.

15. Birthplace

16. Informant

Mrs. E. Frank Gillan

Address

St. Thomas, PA.

17. REMOVAL

(Burial, cremation, or removal. Which)

Date thereof Nov. 9, 1948

(month) (day) (year)

Cemetery or crematory

St. Thomas Cemetery

Location

St. Thomas, PA.

18. Funeral director

Robert J. Sellers

Address

Chambersburg, PA

Nov. 6, 1948

Plast. Flower

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State PENNSYLVANIA

County

FRANKLIN

City or town ST. THOMAS

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11/48

19

at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/11/48 to 5/11/48, 1948, to 5/11/48, 1948, and that I last saw her alive on 5/11/48, 1948.

Immediate cause of death

Lobar Pneumonia

DURATION

2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

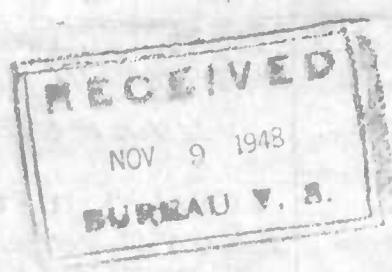
23. SIGNATURE

F. J. Husby

M. D. or other

Address

Date signed 6/11/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

76a

11774

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Helen W. Clopper

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

8. (b) Name of husband or wife Lawrence A. Clopper

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 19, 1913

8. AGE: Years Months Days If less than one day  
35 8 16 . . . . . hrs. . . . . min.9. Birthplace Highland Park, N.J.  
(Town, county, and state)

10. Usual occupation Home Duties

## 11. Industry or business

12. Name Michael Loager

13. Birthplace New Jersey

14. Maiden name Mary Brown

15. Birthplace New Jersey

16. Informant Lawrence A. Clopper

Address 1004 Penna. Ave., Hagerstown

17. Burial Date thereof Nov. 8, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Blairs Valley Cemetery

Location Near Clear Spring, Maryland

18. Funeral director Fred W. Kraiss

Address Hagerstown, Maryland

Nov. 8, 1948  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

Washington

City or town Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1004 Penna. Ave.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

NONE

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11. 5. 48 19. at 11: A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11. 1. 48 19. to 11. 5. 48 19.

and that I last saw her alive on 11. 5. 48 19.

Immediate cause of death Agranulocytosis

DURATION

4 days.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accidental, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

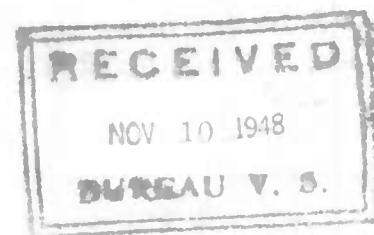
Means of injury

Injured at work?

23. SIGNATURE. *Helen W. Clopper*

M. D. or other

Address 148 N. Potomac St. Date signed 11. 6. 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11775

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

469v

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: 316 Summit Avenue

How long in hospital or institution?

## 3. (a) FULL NAME

Mary Louise Dillon

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Single

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

September 28, 1901

8. (c) If alive, give age years

8. AGE:

Years  
47Months  
1Days  
12If less than one day  
hrs. min.

9. Birthplace

Hagerstown, Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

Clerk

11. Industry or business

Fleisher's Dept. Store

MOTHER FATHER

12. Name John Dillon

13. Birthplace Hagerstown, Maryland

14. Maiden name Mary A. Happel

15. Birthplace Hagerstown, Maryland

16. Informant

Mrs. Clarence Berger

Address

Washington, D. C.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 11-13-48

(month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director

C. M. Suter &amp; Sons

Address

Hagerstown, Maryland

19. (Date rec'd by registrar)

Nov. 12, 1948

L. H. Powers

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 316 Summit Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

214-09-7084

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 10 1948 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X 9-16-48 1948 to Nov. 10 1948

and that I last saw her alive on Nov. 10 1948

Immediate cause of death

Carcinoma of Liver

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Campbell

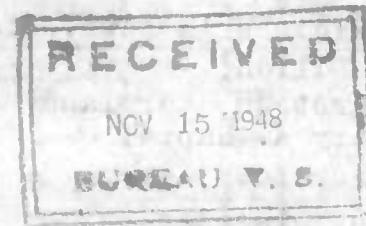
M. D. or other

Address

Hagerstown Md

Date signed

"10/48



Dr W. D. Campbell

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 11774 83a

## 1. PLACE OF DEATH:

County..... Washington

City or town..... Rural--Sharpsburg

(If outside city or town limits, write RURAL and give nearest town)

64 years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Sarah Jane Domer

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 8. (b) Name of husband or wife.....

## 6. (c) If alive, give age..... years

## 7. Birth date of deceased (mo., day, yr.)

Sept. 1, 1864

8. AGE: Years Months Days If less than one day  
84 2 15 ..... hrs. ..... min.

## 9. Birthplace..... Sharpsburg--Wash.--Md

(Town, county, and state)

## 10. Usual occupation.....

Home Duties

## 11. Industry or business

## 12. Name..... Otho Domer

## 13. Birthplace..... Sharpsburg, Md

## 14. Maiden name..... Mary Crampton

## 15. Birthplace..... Frederick County

## 16. Informant..... Mr. Otho T. Rohrer

## Address..... Rural--Sharpsburg, Md

17. Burial..... Date thereof..... Nov. 19, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

## Cemetery or crematory..... Mt. View

## Location..... Sharpsburg, Md

## 18. Funeral director..... R. I. Earnshaw

## Address..... Keedysville, Md

## 19. Date rec'd by registrar..... Nov. 15, 1948

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Rural--Sharpsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

## 2. (a) If veteran, name war.....

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov. 16 48 at 11:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

on Nov. 16 1948, to Nov. 16 1948,

and that I last saw her alive on Nov. 16 1948.

## Immediate cause of death.....

Cerebral hemorrhage.

Due to..... Cerebral arteriosclerosis

Due to..... And hypertension

DURATION..... 6 hours.

## Other conditions.....

(Include pregnancy within 8 months of death)

## Major findings of operations.....

Date of op.....

## Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

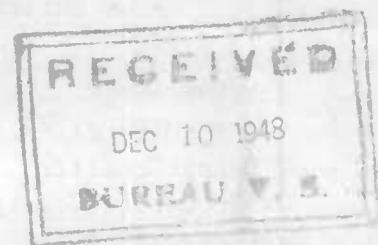
## Means of injury.....

Injured at work? .....

## 23. SIGNATURE.....

M. D. or other.....

Address..... Sharpsburg, Md Date signed..... Nov. 17, 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11777

## CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:  
 County... Washington  
 City or town... Mt. Heron Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 years

Hospital, institution, or street address where death occurred:  
 Boonsboro Md. R. 2.

How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State... Maryland County... Washington  
 City or town... Mt. Heron Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Boonsboro Md. R. 2.  
 (If rural, give LOCATION)

2.(a) If veteran, name war... No

## 3. (a) FULL NAME

Claude G. Eeccard.

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife... Bernice S. Ridderman Eeccard.

7. Birth date of deceased (mo., day, yr.) December 22 - 1883 6. (c) If alive, give age... years

8. AGE: Years 64 Month 10 Days 29 If less than one day hrs. min.

9. Birthplace Ellington Fred. Co. Md. (Town, county, and state)

10. Usual occupation Retired Print Grower

## 11. Industry or business

12. Name Nathan Eeccard

13. Birthplace Fred. Co. Md.

14. Maiden name Charlotte Gaver

15. Birthplace Fred. Co. Md.

16. Informant Mrs. Bernice S. Eeccard

Address Boonsboro Md. R. 2.

17. Burial: Date thereof November 24, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Church of the Brethren Cemetery

Location Beaver Creek Md.

18. Funeral director C. G. Bass &amp; Sons

Address Boonsboro Md

19. Nov. 24, 1948 John W. Bass  
 (Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

- none -

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 21 - 1948, at 9:43 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 16 1934 to Nov 21 1948  
 and that I last saw him alive on Nov 21 1948

Immediate cause of death

Amyotrophic Lateral Sclerosis 14 yrs

Due to

Due to

Other condition Myocardial insufficiency  
 (Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

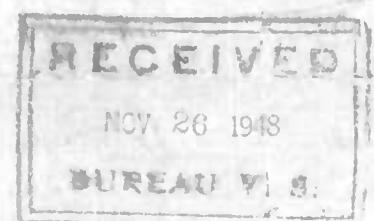
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE G. G. Kotler M. D. or other

Address Smithsburg Date signed 11/22/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11778

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

Dr. Victor Miller  
The correct age

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 months

Hospital, institution, or street address where death occurred:

868 Mulberry Avenue

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 868 Mulberry Avenue

(If rural, give LOCATION)

No.

2.(a) If veteran, name war.

## 3. (a) FULL NAME

Harry Newton Ermert

## 3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Margaret C. Huffer

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.) January - 26 - 1870

8. AGE: Years 78 Months 9 Days 22 If less than one day hrs. min.

9. Birthplace Fairplay Wash. Co. Md.

(Town, county, and state)

10. Usual occupation Retired Farmer

## 11. Industry or business

12. Name Ezra Ermert

13. Birthplace Wash. Co. Md.

14. Maiden name Eleanor C. Middlekauff

15. Birthplace Wash. Co. Md.

16. Informant Haffer H. Ermert

Address 868 Mulberry Ave. Hagerstown Md

17. Burial Burial Date thereof Nov. 20, 1948

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory Borostron Cemetery

Location Borostron Md

18. Funeral director D. J. Baert &amp; Sons

Address Borostron Md

Nov. 18, 1948 Death Powers

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH

11/18 1948 at 9 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1 1948 to 11/18 1948  
and that I last saw him alive on 11/14 1948

Immediate cause of death

chronic Endo Carditis  
nephritis.

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury

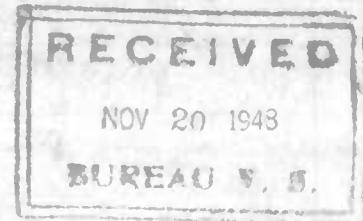
Injured at work?

Victor D. Miller

23. SIGNATURE: VICTOR D. MILLER,

131 W. WASHINGTON ST.

Date signed 11/18/1948



LEASE WRITE PLAINLY, WITHOUT FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11779

301

## CERTIFICATE OF DEATH

131a  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County Washington

City or town Williamsport

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years

Hospital, institution, or street address where death occurred:

15 South Conococheague St.

How long in hospital or institution?

## 3. (a) FULL NAME

Jonas Whisler Eshelman

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Marion Eshelman

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Sept. 6, 1871

8. AGE: Years

Months

Days

If less than one day

77

2

4

hrs.

min.

9. Birthplace

Reid, Washington, Maryland

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farming

MOTHER FATHER

12. Name

Jonas Eshelman

13. Birthplace

Lancaster, County, Pennsylvania

14. Maiden name

Mary Whisler

15. Birthplace

Franklin County, Pennsylvania

16. Informant

Marion Eshelman

Address

Williamsport, Md.

17. Burial

Date thereof Nov. 13, 1948

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory Reiff's Mennonite Cemetery

Location Near Cearfoss, Maryland

18. Funeral director

Edith V. Leaf

Address

Williamsport, Md.

19.

18

1948

E. Lee McElroy

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town Williamsport

(If outside city or town limits, write RURAL and give nearest town)

Street No. 15 South Conococheague St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

November 10, 1948, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Oct. 22, 1947, to Nov. 10, 1948

and that I last saw him alive on Nov. 10, 1948

Immediate cause of death

Chronic Glomerular Nephritis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Audrey Novenstein, M.D.

M. D. or other

(Date rec'd by registrar)

Date signed 11-12-48

Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. NOVENSTEIN

11780

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

Washington

County

Hagerstown

City or town

(If outside city or town limits, write RURAL and give nearest town)

9 Days

How long in above place of death?

Hospital, institution, or street address where death occurred:

Wash. Co. Hospital

How long in hospital or institution?

9 Days

## 3. (a) FULL NAME

HARVEY HESS FINFROCK

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Mary E. Hebb

7. Birth date of deceased (mo., day, yr.)

November 27 1869

6. (c) If alive, give age 79 years

8. AGE:

Years

Months

Days

If less than one day

78

11

18

hrs.

min.

9. Birthplace

Sharpsburg Wash. Co. Md.

(Town, county, and state)

10. Usual occupation.

Farmer

11. Industry or business

Retired

MOTHER FATHER

Daniel Finfrock

12. Name

Sharpsburg Md.

13. Birthplace

Susan Buck

14. Maiden name

Sharpsburg Md.

15. Birthplace

Roger T. Finfrock

16. Informant

Hagerstown Md.

Address

Burial

Date thereof 11/17/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rest Haven Cemetery

Location

Hagerstown Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19. (Date rec'd by registrar)

Nov. 17. 1948

Bluff Bowers

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town Hagerstown R. # 5

(If outside city or town limits, write RURAL and give nearest town)

Street No. Leitersburg Pike

(If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

November 15 1948

1.30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 5 1948 to Nov. 14 1948  
and that I last saw him alive on Nov. 14 1948

Immediate cause of death

Bronch - Pneumonia

DURATION

Due to Arteries - Sclerotic  
Heart Disease20.30  
1948

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Sidney Novenstein

M. D. or other

Furthauer Md Date signed 11-16-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11781

## CERTIFICATE OF DEATH

Reg. Dist. No. 306

50

## 1. PLACE OF DEATH:

County..... *Washington*  
 City or town..... *Highfield* Md.  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... *60 years*  
 Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

## 3. (a) FULL NAME

*Bertha V. Fitz*

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*F.**W.**m.*

6. (b) Name of husband or wife

*John H. Fitz Jr.*6. (c) If alive, give age *75* years

7. Birth date of deceased (mo., day, yr.)

*May 21, 1876*

8. AGE:

Years

Months

Days

If less than one day

*72 5 15*

hrs.

min.

9. Birthplace

*Sabillaville* Md.

(Town, county, and state)

10. Usual occupation

*House Duties*

11. Industry or business

*H. H. Miller*

12. Name

*Fred. C. Md.*

13. Birthplace

14. Maiden name

*Georgia A. Harbaugh*

15. Birthplace

*Fred. Co. Md.*

16. Informant

*Mrs. John H. Fitz Jr.*

Address

*Highfield* Md.

17. Burial

*Burial* Date thereof *11/9/48*

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

*Bethel C.*

Location

*Walter Y. Grove*

18. Funeral director

*Walter Y. Grove*

Address

*271 Church St., Waynesboro Pa.*

19. Nov. 8 1948

*Set. W. Ferguson*

(Date rec'd by registrar)

*Local Registrar*

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... *Ind.* County..... *Washington*City or town..... *Highfield* (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_ (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH *11 6 1948* at *8 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*10-10 1940 to 11-6 1948*and that I last saw her alive on *11-6-48*Immediate cause of death..... *Cerebral hemorrhage* DURATION*left great, ventr. -**St. Sissel. Open**Brain aneurysm.*

Due to:

Due to:

Other condition:

*Brain aneurysm.*

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

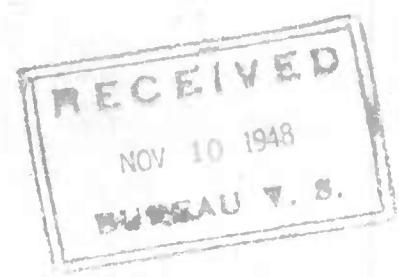
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE *A. C. Bridges* M. D. or otherAddress *Blue Ridge Summit* Date signed *11/8/48*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. wells

11782

Reg. Dist. No. 302

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

Wash.

County

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Marshall St. Extd.

How long in hospital or institution?

## 3. (a) FULL NAME

Ewd Mathias Fogle

4. Sex  
male5. Color or race  
white6. (a) Single, married, widowed, or divorced  
Single

6. (b) Name of husband or wife

none

7. Birth date of  
deceased (mo., day, yr.)

May 6 1877

6. (c) If alive, give age..... years

8. AGE:

Years  
71Months  
6Days  
7If less than one day  
..... hrs. ..... min.

9. Birthplace

Frederick Fred. Co. Md.  
(Town, county, and state)

10. Usual occupation

Invalid

11. Industry or business

---

12. Name  
John Fogle13. Birthplace  
Frederick - Frederick Co., M

14. Maiden name

No Record

15. Birthplace

No Record

16. Informant

Lloyd Bower

Address

Hagerstown, Md.

17. Burial

Date thereof  
(Burial, cremation, or removal. Which?)  
11, 15, 48  
(month) (day) (year)

Cemetery or crematory

Rose Hill

Location

Hagerstown, Md.

18. Funeral director

Andrew K. Coffman

Address

40 East Antietam St.

19.

Date rec'd by registrar

Hagerstown, Md.

1948

Date rec'd by registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State  
Md.County  
Wash.City or town  
Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Marshall St. Extd.

(If rural, give LOCATION)

2.(a) If veteran, name war

none

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

Nov. 13 1948

about 3 P

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19. .... to. .... at. ....

and that I last saw h. .... alive on. ....

19.

Immediate cause of death

Vascular hypertension  
acute cerebral hemorrhage

DURATION

Due to

Due to

Other conditions

. ....  
(Include pregnancy within 3 months of death)

Major findings of operations

no

Date of op.

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

DEPUTY MEDICAL EXAM.

S. Wells, M.D.

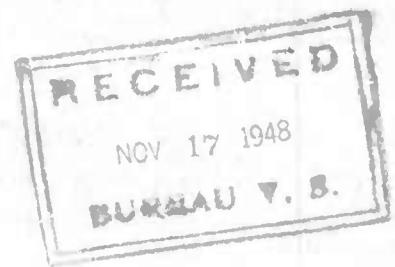
ASH. CO., MD.

M. D. *overdue*

Address

Hagerstown, Md.

Date signed Nov. 14, 1948



45  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11783

## CERTIFICATE OF DEATH

465  
Reg. Dist. No. 306

## 1. PLACE OF DEATH:

County

Washington

City or town

Cascade

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

4 months

Hospital, institution, or street address where death occurred

Pitcairn Hospital

How long in hospital or institution?

None

## 3. (a) FULL NAME

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Feb 11, 1886

6. (c) If alive, give age .....

years

8. AGE:

Years 62 Months 8 Days 23 If less than one day

hrs. min.

9. Birthplace (Town, county, and state)

Jefferson City, Missouri

10. Usual occupation

Chef

11. Industry or business

Pitcairn School

12. Name

Audrey Jackson Foster

13. Birthplace

Alabama

14. Maiden name

Suzanna Crawford

15. Birthplace

British West Indies

16. Informant

Hoag Records

Address

Burial

(Burial, cremation, or removal. Which?)

Date thereof

Date thereof

(month) (day) (year)

Cemetery or crematory

Beverly Hills

Location

Home of John Foster

18. Funeral director

John D. Lissman

Address

Synagogue

John P. Corcoran

Last Deputy Registrar

19. 11/13/48

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md. Ann Arundel

City or town

Leverence Park

Street No.

Severn School

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 3 1948 at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 15 1948 to Nov 3 1948

and that I last saw him alive on Nov 2 1948

Immediate cause of death

Adenocarcinoma of the stomach

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Inoperable carcinoma of stomach

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

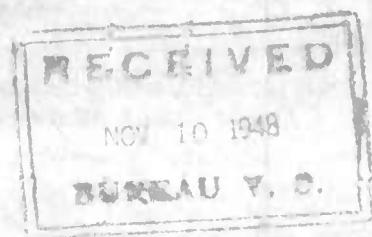
Injured at work?

23. SIGNATURE

M. V. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11784

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County WASHINGTONCity or town HAGERSTOWN, MD.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 yearHospital, institution, or street address where death occurred: 116 W. Bethel St.

How long in hospital or institution?

## 3. (a) FULL NAME

FRANKLIN, MARTHA F.4. Sex F5. Color or race C6. (a) Single, married, widowed, or divorced WIDOWED6. (b) Name of husband or wife BENJAMIN FRANKLIN7. Birth date of deceased (mo., day, yr.) December 25 18696. (c) If alive, give age years8. AGE: Years 78 Months 10 Days 19 If less than one day hrs. min.9. Birthplace CRYSTAL FALLS, MARYLAND

(Town, county, and state)

10. Usual occupation HSKP.

## 11. Industry or business

12. Name CHARLES D. FOWLER13. Birthplace CRYSTAL FALLS, MD.14. Maiden name ANNIE JAMES15. Birthplace CRYSTAL FALLS, MD.16. Informant JAMES THOMPSONAddress 116 W. BETHEL ST.17. Burial Burial Date thereof 11/17/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory HagerstownLocation Hagerstown18. Funeral director William J. BrownAddress 291 Frederick & WashingtonNov. 17, 1948 Chesapeake19. (Date rec'd by registrar) Nov. 17, 1948

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County WASHINGTONCity or town HAGERSTOWN (If outside city or town limits, write RURAL and give nearest town)Street No. 116 W. BETHEL (If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 14, 1948 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

NOVEMBER 14, 1948 to NOVEMBER 14, 1948and that I last saw her alive on NOVEMBER 14, 1948Immediate cause of death PARTIAL INTESTINAL OBSTRUCTION

DURATION

Due to Undetermined

Due to

Other conditions Aspiration Pneumonia  
Sepsis  
(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

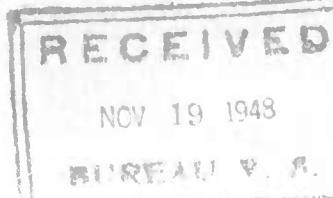
Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work? .....

23. SIGNATURE N. Alan Harris MD M. D. or otherAddress 651 Pennsylvania Date signed 11/17/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11785

## CERTIFICATE OF DEATH

Reg. Dist. No. 306

## 1. PLACE OF DEATH:

County Washington  
 City or town Town of Smithburg  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 years  
 Hospital, Institution, or street address where death occurred:

How long in hospital or institution? \_\_\_\_\_

## 3. (a) FULL NAME

Carol Paul Hayes

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	single

6. (b) Name of husband or wife: \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) June 18, 19398. AGE: Years 9 Months 5 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Smithburg, Wash Co., Md.  
 (Town, county, and state)10. Usual occupation: none

11. Industry or business

12. Name Lloyd Hayes13. Birthplace Smithburg, Md.14. Maiden name Cora Leona15. Birthplace Holmesville, Md.16. Informant Lloyd HayesAddress Smithburg, Md.17. Burial Date thereof Nov. 23, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Smithburg CemeteryLocation Smithburg, Md.18. Funeral director Glendale Co.Address Middletown, Md.19. Nov. 23, 1948 Left lung  
 (Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Washington  
 City or town Rural Smithburg  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_ (If rural, give LOCATION)

2.(a) If veteran, name war: no

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 - 1948 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 20 - 1948 to Nov 20 - 1948and that I last saw deceased alive Nov 20 - 1948 19.

Immediate cause of death: \_\_\_\_\_

Gunshot wound of  
 Due to Heart  
 DURATION Called instantly

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_

(Include pregnancy within 3 months of death)

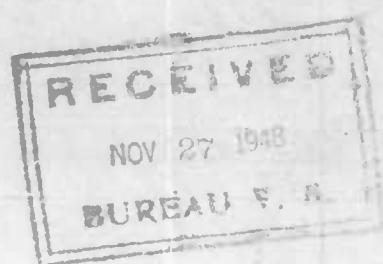
Major findings of operations: \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results: \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: Nov 20 - 48Where did injury occur? Smithburg, Washington, Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Rifle wound Injured at work? no23. SIGNATURE J. E. Elliott M. D. or other PhysicianAddress Hagerstown, Md. Date signed 11-20-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11786

## CERTIFICATE OF DEATH

Reg. Dist. No. 300

## 1. PLACE OF DEATH:

Washington

County

Sharpsburg

City or town

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Nannie McComas Hull

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Frank Hull

Deceased

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Oct. 20, 1886

8. AGE:

Years

62

Months

1

Days

6

If less than one day

hrs. min.

9. Birthplace

Sharpsburg, Wash., Maryland

(Town, county, and state)

10. Usual occupation

Housewife At home

11. Industry or business

12. Name

William Hull

MOTHER FATHER

13. Birthplace

Sharpsburg, Md.

14. Maiden name

Emma Kidwell

15. Birthplace

Shepherdstown, W. Va.

16. Informant

Mrs. Helen Nalley

Address

Sharpsburg, Md.

Burial

17. (Burial, cremation, or removal. Which?) Date thereof Nov. 29, 1948

(month) (day) (year)

Cemetery or crematory Mt. View Cemetery

Location

Sharpsburg, Md.

18. Funeral director

Edith V. Leaf

Address

Williamsport, Md.

19. (Date rec'd by registrar)

20. (Date of death)

21. (Year of death)

22. (Month of death)

23. (Day of death)

24. (Year of birth)

25. (Month of birth)

26. (Day of birth)

27. (Year of death)

28. (Month of death)

29. (Day of death)

30. (Year of birth)

31. (Month of birth)

32. (Day of birth)

33. (Year of death)

34. (Month of death)

35. (Day of death)

36. (Year of birth)

37. (Month of birth)

38. (Day of birth)

39. (Year of death)

40. (Month of death)

41. (Day of death)

42. (Year of birth)

43. (Month of birth)

44. (Day of birth)

45. (Year of death)

46. (Month of death)

47. (Day of death)

48. (Year of birth)

49. (Month of birth)

50. (Day of birth)

51. (Year of death)

52. (Month of death)

53. (Day of death)

54. (Year of birth)

55. (Month of birth)

56. (Day of birth)

57. (Year of death)

58. (Month of death)

59. (Day of death)

60. (Year of birth)

61. (Month of birth)

62. (Day of birth)

63. (Year of death)

64. (Month of death)

65. (Day of death)

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67. (Month of birth)

68. (Day of birth)

69. (Year of death)

70. (Month of death)

71. (Day of death)

72. (Year of birth)

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74. (Day of birth)

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77. (Day of death)

78. (Year of birth)

79. (Month of birth)

80. (Day of birth)

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82. (Month of death)

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86. (Day of birth)

87. (Year of death)

88. (Month of death)

89. (Day of death)

90. (Year of birth)

91. (Month of birth)

92. (Day of birth)

93. (Year of death)

94. (Month of death)

95. (Day of death)

96. (Year of birth)

97. (Month of birth)

98. (Day of birth)

99. (Year of death)

100. (Month of death)

101. (Day of death)

102. (Year of birth)

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104. (Day of birth)

105. (Year of death)

106. (Month of death)

107. (Day of death)

108. (Year of birth)

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111. (Year of death)

112. (Month of death)

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119. (Day of death)

120. (Year of birth)

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123. (Year of death)

124. (Month of death)

125. (Day of death)

126. (Year of birth)

127. (Month of birth)

128. (Day of birth)

129. (Year of death)

130. (Month of death)

131. (Day of death)

132. (Year of birth)

133. (Month of birth)

134. (Day of birth)

135. (Year of death)

136. (Month of death)

137. (Day of death)

138. (Year of birth)

139. (Month of birth)

140. (Day of birth)

141. (Year of death)

142. (Month of death)

143. (Day of death)

144. (Year of birth)

145. (Month of birth)

146. (Day of birth)

147. (Year of death)

148. (Month of death)

149. (Day of death)

150. (Year of birth)

151. (Month of birth)

152. (Day of birth)

153. (Year of death)

154. (Month of death)

155. (Day of death)

156. (Year of birth)

157. (Month of birth)

158. (Day of birth)

159. (Year of death)

160. (Month of death)

161. (Day of death)

162. (Year of birth)

163. (Month of birth)

164. (Day of birth)

165. (Year of death)

166. (Month of death)

167. (Day of death)

168. (Year of birth)

169. (Month of birth)

170. (Day of birth)

171. (Year of death)

172. (Month of death)

173. (Day of death)

174. (Year of birth)

175. (Month of birth)

176. (Day of birth)

177. (Year of death)

178. (Month of death)

179. (Day of death)

180. (Year of birth)

181. (Month of birth)

182. (Day of birth)

183. (Year of death)

184. (Month of death)

185. (Day of death)

186. (Year of birth)

187. (Month of birth)

188. (Day of birth)

189. (Year of death)

190. (Month of death)

191. (Day of death)

192. (Year of birth)

193. (Month of birth)

194. (Day of birth)

195. (Year of death)

196. (Month of death)

197. (Day of death)

198. (Year of birth)

199. (Month of birth)

200. (Day of birth)

201. (Year of death)

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203. (Day of death)

204. (Year of birth)

205. (Month of birth)

206. (Day of birth)

207. (Year of death)

208. (Month of death)

209. (Day of death)

210. (Year of birth)

211. (Month of birth)

212. (Day of birth)

213. (Year of death)

214. (Month of death)

215. (Day of death)

216. (Year of birth)

217. (Month of birth)

218. (Day of birth)

219. (Year of death)

220. (Month of death)

221. (Day of death)

222. (Year of birth)

223. (Month of birth)

224. (Day of birth)

225. (Year of death)

226. (Month of death)

227. (Day of death)

228. (Year of birth)

229. (Month of birth)

230. (Day of birth)

231. (Year of death)

232. (Month of death)

233. (Day of death)

234. (Year of birth)

235. (Month of birth)

236. (Day of birth)

237. (Year of death)

238. (Month of death)

239. (Day of death)

240. (Year of birth)

241. (Month of birth)

242. (Day of birth)

243. (Year of death)

244. (Month of death)

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246. (Year of birth)

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249. (Year of death)

250. (Month of death)

251. (Day of death)

252. (Year of birth)

253. (Month of birth)

254. (Day of birth)

255. (Year of death)

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257. (Day of death)

258. (Year of birth)

259. (Month of birth)

260. (Day of birth)

261. (Year of death)

262. (Month of death)

263. (Day of death)

264. (Year of birth)

265. (Month of birth)

266. (Day of birth)

267. (Year of death)

268. (Month of death)

269. (Day of death)

270. (Year of birth)

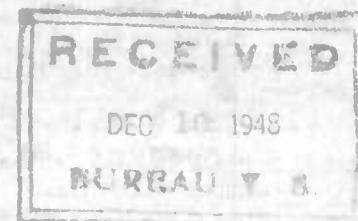
271. (Month of birth)

272. (Day of birth)

273. (Year of death)

274. (Month of death)

275. (Day of death)



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11787

## CERTIFICATE OF DEATH

93d  
Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown Route No. 4

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 42 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Mack Ingram

## 4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

## 6. (b) Name of husband or wife

Minnie Ingram

8. (c) If alive, give age years

## 7. Birth date of deceased (mo., day, yr.)

February 2, 1875

## 8. AGE:

Years

Months

Days

If less than one day

73

9

23

hrs.

min.

## 9. Birthplace

Washington County, Maryland  
(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

## MOTHER FATHER

12. Name UNKNOWN

13. Birthplace UNKNOWN

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN

## 16. Informant Mrs. Minnie Ingram

Address Hagerstown, Md. R.D. # 4

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Nov. 28, 1948  
(month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

## 18. Funeral director Fred W. Kraiss

Address Hagerstown, Maryland

## 19. (Date rec'd by registrar)

Nov. 27, 1948

B. H. Powers

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Street No. Maryland County Washington

City or town Hagerstown, R.D. # 4  
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

11-25-48

19

7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11-1-48

19

to 11-25-48

and that I last saw deceased alive on 11-20-48

19

Immediate cause of death.

Cardiac vascular disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

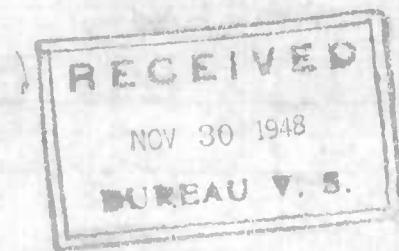
Means of injury

Injured at work?

## 23. SIGNATURE

Address

Hagerstown, Maryland Date signed 11/26/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr Beachley

11788

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

Washington

County

Near New Salem

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

8 Years

Hospital, institution, or street address where death occurred:

8 Years

How long in hospital or institution?

None

## 3. (a) FULL NAME

Mrs. Sadie J. Keyser

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White

Married

6. (b) Name of husband or wife

Albert Sr.

7. Birth date of deceased (mo., day, yr.)

October 3, 1884

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Claylick

Penns.

(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

Own Home

MOTHER FATHER

12. Name

Gramville Lefever

13. Birthplace

Claylick, Penna.

14. Maiden name

Rebekah Hose

15. Birthplace

Claylick, Penna.

16. Informant

Mr. Albert Keyser Sr.

Address

New Salem Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Nov. 29/1948

(month) (day) (year)

Cemetery or crematory

Broadfording Cemetery

Location

Broadfording, Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown, Md.

19. Date rec'd by registrar

Nov. 29 1948

ghosttockes

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Washington

City or town

Near New Salem

Street No.

Rural

2. (a) If veteran, name war

No

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

November 26 1948 12:30A

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

Nov. 26 1948 to Nov. 26 1948

and that I last saw her alive on Nov. 26 1948

Immediate cause of death

Stroke of heart

DURATION

11/24

Due to

Due to

Other conditions

Auto Sclerosis

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. Beachley 410

Hagerstown, Md. 1948

RECEIVED

DEC 1 1948

BUREAU F. B. I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11789

164C

## CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:  
County... Washington  
City or town... Rural Clearspring R. F.d.2.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 73 Years.  
Hospital, institution, or street address where death occurred:  
Clearspring R. F.D. 2.  
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... Maryland. County... Washington.  
City or town... Clearspring R.F.D.2.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME  
William C Kisner.  
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  
Male White Single.

3. (b) Social Security Number  
None.

6.(b) Name of husband or wife.....  
7. Birth date of deceased (mo. day, yr.) Aug. 28. 1875. 6.(c) If alive, give age..... years

8. AGE: Years Months Days If less than one day  
73 3 2 hrs. min.

9. Birthplace (Town, county, and state)  
Clearspring. Washington. Md.

10. Usual occupation.....  
Lumber Worker.

11. Industry or business.....  
Self.

12. Name..... William Kisner.  
13. Birthplace..... Germany.

14. Maiden name..... Annie May Forsythe.  
15. Birthplace..... Clearspring Md.

16. Informant..... Mr. Charles B Kinser.  
Address..... Clearspring R. F.D.2.

17. Burial Date thereof Nov 15. 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory..... Blairs Valley.

Location..... Near Clearspring.  
18. Funeral director..... Edith V Leaf.

Address..... Williamsport Md.

19. (Date rec'd by registrar) Nov 18 1948 Joseph Murray  
Registrar

## MEDICAL CERTIFICATION About

20. DATE OF DEATH November 12. 1948 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to... 19...

and that I last saw h..... alive on... 19...

Immediate cause of death.....

Gun shot thorough mouth and  
skull

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... No

Date of op. ....

Autopsy results..... No

PHYSICIAN: Please underline the cause in which death should be charged statistically.

18. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Suicide Date of 11/12/48

Where did injury occur..... Clear Spring Wash. Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... House

Means of injury..... gunshot 12 gauge Injured at work? No

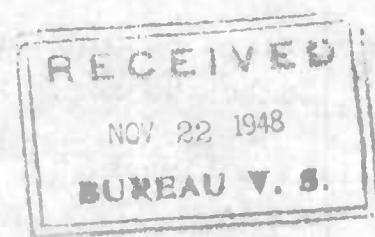
DEPUTY MEDICAL EXAMINER

S. Robert Wells M.D. WASH. CO., MD.

M. D. or other

23. SIGNATURE

Address..... Hagerstown, Md. Date signed 11/15/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11790

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

48a

## 1. PLACE OF DEATH:

County.....

City or town.....

Washington  
Cascade

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 mo

Hospital, institution, or street address where death occurred:

Ritehie Hospital

How long in hospital or institution? 3 mo 11 days

## 3. (a) FULL NAME

Violaw Virginia Kochel

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

7

W

Widowed

6. (b) Name of husband or wife.....

Joseph Kochel

Deceased

7. Birth date of deceased (mo., day, yr.)

July 16, 1899

6. (c) If alive, give age..... years

8. AGE: Years

49

Months

4

Days

14

If less than one day

hrs.

min.

9. Birthplace.....

Balto Co. Maryland

(Town, county, and state)

10. Usual occupation.....

HOUSEWIFE

11. Industry or business.....

James Porter

12. Name.....

Baltimore, Md

13. Birthplace.....

Rose Bollinger

14. Maiden name.....

Balto Co. Maryland

15. Birthplace.....

Hosp. Cremation Bureau

16. Informant.....

Address.....

17. Burial.....

(Burial, cremation, or removal; Which?)

Date thereof. 12-3-48

(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. (Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Street No. 8362 Oakleigh Rd (Baltimore)

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH: December 30 1948, at 11:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 19, 1948, to Nov. 30, 1948, and that I last saw her alive on Nov. 30, 1948.

## Immediate cause of death.....

Esophageal Cancerous  
of Cervix

## Due to.....

## Due to.....

Other conditions.....

Diabetes mellitus

(Include pregnancy within 3 months of death)

## Major findings of operations.....

Date of op.

## Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury.....

Injured at work?

## 23. SIGNATURE.....

M. D. or other

Address..... Date signed 11/30/48

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11791

## CERTIFICATE OF DEATH

4652  
Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Now long in above place of death? 8 hrs.

Hospital, Institution, or street address where death occurred:

Washington Co. Hospital

How long in hospital or institution? +8 hrs 3 hrs

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 125 Fairground Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Bessie M. Long

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Roy S. Long

B. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7 1882

8. AGE: Years 66 Months 2 Days 5 It less than one day hrs. min.

9. Birthplace Washington Co. Md. (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

12. Name John W. Petrie

13. Birthplace Washington Co. Md.

14. Maiden name Margaret L. Cross

15. Birthplace Washington Co. Md.

16. Informant Carl S. Long

Address 739 Va. Ave.

17. Burial Date thereof 11/15/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Best Haven Cemetery

Location Hagerstown Md.

18. Funeral director Best Haven Funeral Chapel

Address Hagerstown Md.

19. Date rec'd by registrar Nov. 15. 1948 Death record

(Date rec'd by registrar)

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 1948 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 2, 1948 to November 12, 1948

and that I last saw her alive on November 12, 1948

Immediate cause of death

Cancer of transverse colon

Due to

Due to

Other conditions Perforation with

Secondary peritonitis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

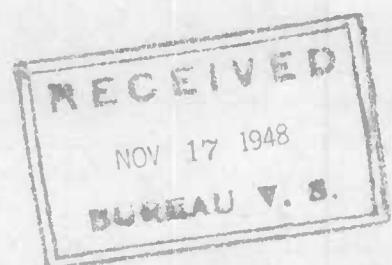
Injured at home, farm, industry, public place (where?)

Means of injury None Injured at work?

23. SIGNATURE RB Mount M

M. D. or other

Address Hagerstown, Md. Date signed 11/15/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11792

61

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County

Washington

City or town

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 80 days

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 13 days

## 3. (a) FULL NAME

Jasper Himes Main

## 4. Sex

M

## 5. Color or race

white wedowed

## 6. (a) Single, married, widowed, or divorced

## 6. (b) Name of husband or wife

Emma Brown

## 7. Birth date of deceased (mo., day, yr.)

## 6. (c) If alive, give age

years

July 31-1867

## 8. AGE:

Years

Months

Days

If less than one day

1867 81 03 26

hrs.

min.

## 9. Birthplace

Washington Co

(Town, county, and state)

## 10. Usual occupation

Carpenter

## 11. Industry or business

## MOTHER FATHER

Edward J. Main

## 12. Name

Washington Co

## 13. Birthplace

Edward J. Main

## 14. Maiden name

Emma J. Brown

## 15. Birthplace

Indianapolis Ind

## 16. Informant

Mrs. Martin M. Edwards

## Address

Hagersburg Md

## Burial, cremation, or removal

Hagersburg Md

## Where?

Church of the Bachelor

## Cemetery or crematory

Brooksville Md

## Location

Jesse S. Dailey

## 18. Funeral director

Jesse S. Dailey

## Address

Hagersburg Md

## 19. Date rec'd by registrar

Nov. 26 1948

## (Data rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Washington

City or town

Hagersburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.

41 1/2 S. Patmore

(If rural, give LOCATION)

## 2.(a) If veteran, name war

## 3. (b) Social Security Number

720

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

26 Nov 48 19 125P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

14 Nov 1948 to 26 Nov 1948 19.

and that I last saw him alive on 26 Nov 1948 19.

## Immediate cause of death

Arterio sclerotic Cardio Vascular disease  
with myocardial failure

## DURATION

10 yr 7

## Due to

## Due to

Diabetes Mellitus

uncontrolled

(Include pregnancy within 3 months of death)

## Major findings of operations

M Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

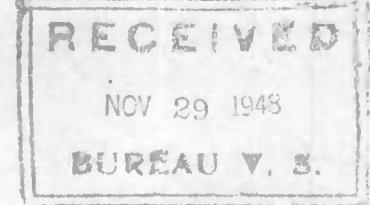
Injured at work?

## 23. SIGNATURE

J. J. Husby

M. D. or other

Address 2307 W. Main Date signed 26 Nov 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cause of death clearly and legibly is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11793

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 27 years

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 8 days

## 3. (a) FULL NAME

Howard M. Marriotte

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Grace E. Marriotte

7. Birth date of deceased (mo., day, yr.) April 22, 1885

6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day  
63 6 19 hrs. min.9. Birthplace Jefferson- Fredk. Co., Md.  
(Town, county, and state)

10. Usual occupation Electrician

11. Industry or business W. M. R. R.

MOTHER FATHER 12. Name Charles W. Marriotte

13. Birthplace Frederick Co., Md.

14. Maiden name Susan Friday

15. Birthplace Frederick Co., Md.

16. Informant Mrs. Grace E. Marriotte

Address 403 Brown Ave. Ter. Hagerstown,

17. Burial Date thereof Nov. 13, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. No. 12 Date rec'd by registrar 1948

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 403 Brown Ave. Terrace

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

705-10-4719

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10, 1948 9:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 AM, 1948, to 10 AM, 1948

and that I last saw him alive on 10 AM, 1948

Immediate cause of death Hypertension of prostate

acute Retention + hemorrhage into bladder

Due to.

Due to.

Other conditions arterio sclerotic C-0

disease

(Include pregnancy within 8 months of death)

Major findings of operations Hypertrophied prostate - extrinsic

hemorrhage into bladder

Date of op. 8 AM 48

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Ind.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

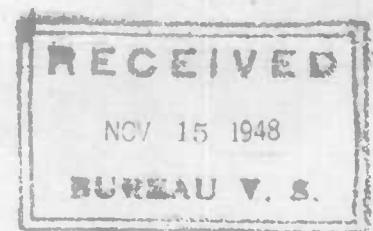
Means of injury Injured at work?

23. SIGNATURE J. J. Husby

M. D. or other

Address 230 N Potomac

Date signed 12/27/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11794

302

## CERTIFICATE OF DEATH

6  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 16 days

## 3. (a) FULL NAME

Mary Louise Martin

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband or wife

Robert Leroy Martin

6. (c) If alive, give age 37 years

7. Birth date of

deceased (mo. day, yr.) May 24, 1927

8. AGE:

Years  
21Months  
5Days  
16If less than one day  
hrs. min.

9. Birthplace

Hagerstown, Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name Charles E. Hoover

13. Birthplace Hagerstown, Maryland

14. Maiden name Nellie D. Marshall

15. Birthplace Shepherdstown, W. Va.

16. Informant

Charles E. Hoover

Address

Hagerstown, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 11/12/48  
(month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location

Hagerstown, Maryland

18. Funeral director

C. M. Suter &amp; Sons

Address

Hagerstown, Maryland

19.

Nov 12, 1948

(Date rec'd by registrar)

Death Board

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 519 North Locust Street

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

219-20-0752

## MEDICAL CERTIFICATION

20. DATE OF DEATH

November 10, 1948, a.m. 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 25, 1948, to November 10, 1948,

and that I last saw her alive on November 10, 1948.

Immediate cause of death

Epidemic. Cerebro-Spinal meningitis (meningoococcal)

Due to

Due to

Pregnancy (1 mos. gestation)

(Include pregnancy within 8 months of death)

Major findings or operations

None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

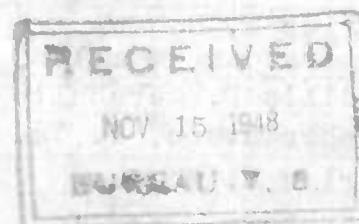
Means of injury

Injured at work?

23. SIGNATURE

R. B. Novent M.D.

Address Hagerstown, Md. Date signed 11/11/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11795

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:  
 County Washington  
 City or town Hagerstown Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
500 Guilford Ave., Hagerstown, Md.  
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 500 Guilford Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war non-vet.

3. (a) FULL NAME  
KITTY IRENE McELWEE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
<u>Female</u>	<u>White</u>	<u>married</u>
6.(b) Name of husband or wife <u>Herbert W. McElwee</u>		
7. Birth date of deceased (mo., day, yr.) <u>November 15, 1887</u>		
8. AGE: Years <u>60</u> Months <u>11</u> Days <u>16</u> If less than one day		
hrs. <u>—</u> min. <u>—</u>		
9. Birthplace <u>Washington County</u> <small>(Town, county, and state)</small>		
10. Usual occupation <u>Housewife</u>		

MOTHER FATHER	12. Name <u>Daniel Startzman</u>
	13. Birthplace <u>Washington Co., Md.</u>
14. Maiden name <u>Elizabeth A. Ream</u>	
15. Birthplace <u>Pennsylvania</u>	

16. Informant <u>H. W. McElwee</u>
Address <u>500 Guilford Ave., Hagerstown, Md.</u>
17. Burial Cemetery <u>Rose Hill Cemetery</u> <small>(Burial, cremation, or removal, Which?)</small>
Date thereof <u>11/4/48</u> <small>(month) (day) (year)</small>
Cemetery or crematory <u>Hagerstown, Md.</u>
Location <u>Hagerstown, Md.</u>
18. Funeral director <u>G. T. Torment</u>

Address <u>308 S. Potowmack St., Hagerstown, Md.</u>
19. Date rec'd by registrar <u>Nov 5, 1948</u>
<small>(Date rec'd by registrar)</small>

3. (b) Social Security Number  
none

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 1, 1948 at 5 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
April 19, 1948 to Nov. 1, 1948  
 and that I last saw h. alive on Oct. 23, 1948

Immediate cause of death Chronic Arteritis  
Accelerated heart disease  
 Due to with congestive failure 4 yrs.

Due to —  
 Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State) —

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE B. W. McElwee M.D. M. D. or other —

Address — Date signed —



Dr. Wadie  
46  
The correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11795

## CERTIFICATE OF DEATH

Reg. Dist. No. 305

## 1. PLACE OF DEATH:

County

Washington  
Baltimore

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

S. Main St.

How long in hospital or institution?

at Home

## 3. (a) FULL NAME

Hermia Estella M. S. Knight

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband or wife

Charles M. S. Knight

6. (c) If alive, give age

34 years

7. Birth date of deceased (mo., day, yr.)

April. 29 - 1907

8. AGE:

Years	Months	Days	If less than one day
41	6	3	hrs. min.

9. Birthplace

Gillietown Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Over 7000

12. Name

Alvey Little

13. Birthplace

Gillietown Wash. Co. Md.

14. Maiden name

Orpha E. Kline

15. Birthplace

Fred Co. Md.

16. Informant

Charles M. S. Knight

Address

Boonsboro Md.

17. Burial

Date thereof: Nov. 4, 1948  
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Boonsboro Cemetery

Location

Boonsboro Md.

18. Funeral director

John J. Bait &amp; Sons

Address

Boonsboro Md.

19. Date rec'd by registrar

Nov. 4, 1948

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Washington

City or town

Boonsboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.

S. Main St.

(If rural, give LOCATION)

no.

2. (a) If veteran, name war

## 3. (b) Social Security Number

212-14-6899

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 2 - 1948, 21.45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 28 - 1948, to Nov. 2 - 1948

and that I last saw her alive on Nov. 1 - 1948

Immediate cause of death

Exsanguination of Stomach

DURATION

35 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

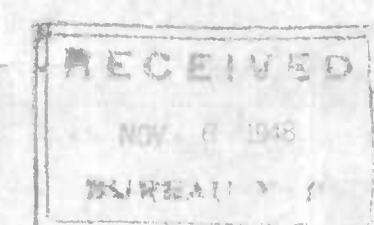
Injured at work?

23. SIGNATURE

John J. Bait M. S.

M. D. or other

Address Boonsboro Md. Date signed Nov. 5, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Norment  
11797

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 yrs.

Hospital, institution, or street address where death occurred:

105 E. Washington St.

How long in hospital or institution? 12 yrs.

## 3. (a) FULL NAME

Sarah Elizabeth Moore

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

8. (b) Name of husband or wife William

7. Birth date of deceased (mo., day, yr.) April 6, 1859

8. AGE: Years 89 Months 7 Days 24 If less than one day hrs. min.

9. Birthplace Mt. Holly, Spgs. Cumberland Cty., (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

MOTHER FATHER 12. Name no record

13. Birthplace

14. Maiden name no record

15. Birthplace

16. Informant Mrs. Charles R. Wiley

Address Hagerstown, Md.

17. Burial Date thereof Dec. 3, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Md.

18. Funeral director Andrew K. Coffuan

Address Hagerstown, Md.

19. Date rec'd by registrar Dec. 2, 1948

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 105 E. Washington St.

(If rural, give LOCATION)

2. (a) If veteran, name war

none

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 30, 1948 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 26, 1948 to November 30, 1948

and that I last saw her alive on November 30, 1948

Immediate cause of death

Influenza

Re.

Due to

Broncho pneumonia

(Include pregnancy within 3 months of death)

Major findings or operations

None Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

R. B. Norment M.D. M. D. or other

Address Hagerstown, Md. Date signed 12/1/1888

RECEIVED  
DEC 4 1948  
BUREAU V. S.

PLEASE, WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Ditto

11798

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/a

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington

City or town Maugansville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 Years

Hospital, institution, or street address where death occurred: Main St

How long in hospital or institution? --

## 3. (a) FULL NAME

MRS TENY MORGESTERN

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white Widow

6. (b) Name of husband or wife

Ernest

7. Birth date of deceased (mo. day. yr.)

May 8 1874

8. (c) If alive, give age. -- years

8. AGE:

Years Months Days If less than one day

74 6 1 hrs. min.

9. Birthplace

Maugansville Wash. Co. Md.

(Town, county, and state)

10. Usual occupation.

Housewife

11. Industry or business

Own Home

MOTHER FATHER

12. Name

Joseph Horst

13. Birthplace

Lancaster Pa.

14. Maiden name

Fannie Lesser

15. Birthplace

Lancaster Pa.

16. Informant

Mr. Russell Horst

Address

Hagerstown Md.

17. Burial

Date thereof 11/11/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Dunkard Cemetery

Location

Broadfording Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19. Nov 11

1948

Date rec'd by registrar

Blast Bowes

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Washington

City or town

Maugansville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Main St

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1948, 1948, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 20-48

1948

to

Nov 9-48

1948

and that I last saw her alive on Nov 8-48

1948

Immediate cause of death

Cushing - Head Trauma

DURATION

Due to

Trauma - Cushing syndrome

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Hagerstown Md. Date signed 11/11/48

I

I

I

RECEIVED

NOV 15 1948

FEDERAL BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Porterfield

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11799

111c

302

Reg. Dist. No.

## CERTIFICATE OF DEATH

1. PLACE OF DEATH: Washington  
 County: Hagerstown  
 City or town: Hagerstown.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 Yrs.  
 Hospital, institution, or street address where death occurred: Washington Co. Hospital  
 How long in hospital or institution? 3 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State: Maryland County: Washington  
 City or town: Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.: 50 Broadway  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war: None

3. (a) FULL NAME  
Miss Bertha Virginia Myers

4. Sex: F 5. Color or race: W 6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: \_\_\_\_\_  
 7. Birth date of deceased (mo. day, yr.): March 16- 1874

8. (c) If alive, give age: 83 years

8. AGE: Years: 74 Months: 8 Days: 1 If less than one day: hrs. 0 min.

9. Birthplace: Sharpsburg Wash. Co. Md.  
 (Town, county, and state)

10. Usual occupation: House work

11. Industry or business: Own home

12. Name: Jacob Myers

13. Birthplace: Myersville Md.

14. Maiden name: Ann Cookerly

15. Birthplace: Sharpsburg Md.

16. Informant: Mrs. Otho Gloss

Address: Hagerstown Md.

17. Burial: Date thereof: 11/19/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Mountain View Cemetery

Location: Sharpsburg Md.

18. Funeral director: A. K. Coffman

Address: Hagerstown Md.

19. Nov. 19 1948 Mark Powers  
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number: None

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 17 1948 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 9 1945 to Nov 17 1948 and that I last saw her alive on Nov 17 1948

Immediate cause of death: Hypostatic Pneumonia

Due to: Traumatic Brain Injury

Other conditions: (Include pregnancy within 3 months of death)

Major findings of operations: \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results: \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Mens of injury: \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE: Dr. Porterfield M.D.  
 M. D. or other: \_\_\_\_\_  
 Address: 136 W Washington Date signed 11/19/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

118/11  
93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 years

Hospital, institution, or street address where death occurred:

160 South Potomac Street

How long in hospital or institution?

## 3. (a) FULL NAME

Frances E. Myers

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widowed

6. (b) Name of husband or wife:

Emory Myers

7. Birth date of deceased (mo., day, yr.)

Oct. 29, 1861

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

87

0

11

—

—

—

—

9. Birthplace

Washington Co., Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

Peter E. Shives

13. Birthplace

Maryland

MOTHER

Nancy ANN BEVANS

15. Birthplace

Maryland

16. Informant

Mrs. M. G. Shank

Address 160 S. Potomac St., Hagerstown, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Nov. 12, 1948  
(month) (day) (year)

Cemetery or crematory Shives Cemetery

Location East of Hancock, Md.

18. Funeral director

Charles R. Bassett

Address Hancock, Md.

19. (Date rec'd by registrar)

Nov. 10, 1948

Signature Charles Bassett

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 160 South Potomac Street

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 9

1948, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 11

1948, to Nov. 9, 1948

and that I last saw her alive on

Nov. 8

1948

Immediate cause of death

Myocarditis, ch.

Due to acute dilatation heart

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide...

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

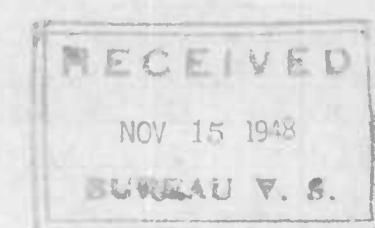
Injured at work?

23. SIGNATURE

H. Portersfield M.D.

M. D. or other

Address 136 W. Washington Date signed Nov. 10, 1948



PLEASE WRITE PLAINLY, WITH UNLEADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11801

## CERTIFICATE OF DEATH

Reg. Dist. No. 352

## 1. PLACE OF DEATH:

Washington

County

Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

121 Alexander Street

How long in hospital or institution?

## 3. (a) FULL NAME

Louisa May Nigh

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband or wife

John R. Nigh

7. Birth date of deceased (mo., day, yr.)

November 19, 1877

8. (c) If alive, give age 76 years

8. AGE: Years

Months

Days

If less than one day

71

0

1

hrs.

min.

9. Birthplace

Hagerstown, Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name George D. Socks

13. Birthplace Hagerstown, Maryland

14. Maiden name

Gottleen Wellington

15. Birthplace

Germany

16. Informant

John R. Nigh

Address

Hagerstown, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 11-23-48

(month) (day) (year)

Rose Hill Cemetery

Cemetery or crematory

Hagerstown, Maryland

Location

C. M. Puter &amp; Sons

18. Funeral director

Hagerstown, Maryland

Address

Hagerstown, Maryland

19. *Nov 23. 48* *Clark Bowers*

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 121 Alexander Street

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

NONE

## MEDICAL CERTIFICATION

20. DATE OF DEATH *November 20* 1948, st 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h. alive on 19.

Immediate cause of death

*Acute coronary occlusion* 7 days

Due to

*Diabetes M.*

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations *None*

Date of op.

Autopsy results *None*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *No*

Date of

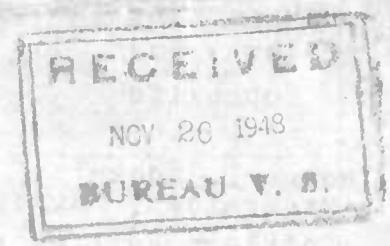
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE *J. Robert Wells M.D.*M. D. *✓*Address *Hagerstown, Md.* Date signed *11/23/48*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In the event age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11892

## CERTIFICATE OF DEATH

Reg. Dist. No. 306

## 1. PLACE OF DEATH:

County... Washington  
City or town... Caseville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 daysHospital, institution or street address where death occurred  
Patchie Hosp.How long in hospital or institution? 13 days

## 3. (a) FULL NAME

George Peter4. Sex M 5. Color of face W 6. (a) Single, married, widowed, or divorced Separated6. (b) Name of husband or wife Margaret (last name unknown) 6. (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) November 30, 18788. AGE: Years 69 Months 11 Days 28 If less than one day9. Birthplace Coleridge, Maryland  
(Town, county, and state)10. Usual occupation Unemployed

## 11. Industry or business

12. Name Michael Peter  
MOTHER FATHER13. Birthplace Germany  
14. Maiden name Barbara15. Birthplace Germany16. Informant Patchie Adams  
Address Recd.17. Burial St. Johns Date thereof Dec 8 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Forest Glen MD.Location Forest Glen MD.18. Funeral director Roy W. BarberAddress Glen Burnie Md.19. Date rec'd by registrar Dec 3 1948 Geo. W. Ferguson(Date rec'd by registrar) Geo. W. Ferguson Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County MontgomeryCity or town Rockville  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 28 1948 at 6:55 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-15-1948 to 11-28-1948and that I last saw him alive on November 28 1948

Immediate cause of death

Ruptured Gastric UlcerDue to Gastric ulcer

Due to

Other conditions Arterio sclerosisBi-lateral emphysema  
(Include pregnancy within 3 months of death)Lower extremitiesMajor findings of operations None

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

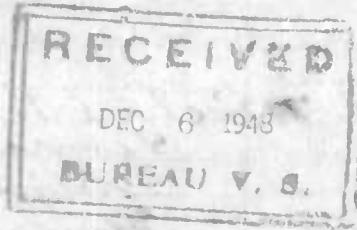
## Means of Injury

Injured at work?

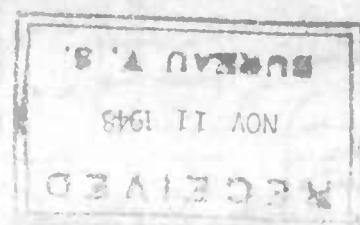
## 23. SIGNATURE

M. D. or other

Address J. C. M. Laemmle MD. Date signed 11/28/48

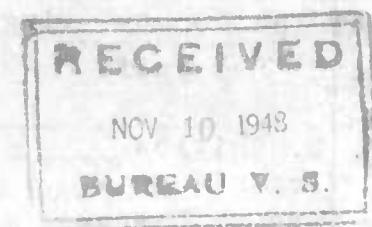








Wells



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11805

97  
Reg. Dist. No. 316

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County... Washington

City or town... near of Keedysville (Rural)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Weeks

Hospital, institution, or street address where death occurred:

Keedysville Md. R. I

How long in hospital or institution? at Home

## 3. (a) FULL NAME

Dannie Catherine Reeder

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband or wife

Charles E. Reeder

7. Birth date of deceased (mo., day, yr.)

November - 29 - 1879

8. (c) If alive, give age years

8. AGE:

Years Months Days If less than one day hrs. min.

68

11

3

.

9. Birthplace

Park Hall Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Run Home

MOTHER FATHER

12. Name

Samson Paffenberger

13. Birthplace

Park Hall Wash. Co. Md.

14. Maiden name

Susan Palmer

15. Birthplace

Mt. Myresville Fred. Co. Md.

16. Informant

Mrs. Ira Thorpe

Address

Keedysville Md. R. I

17. Burial

Date thereof Nov. 5, 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Boonsboro Cemetery

Location

Boonsboro Md.

18. Funeral director

C. W. J. Bast &amp; Sons

Address

Boonsboro Md.

19. Date rec'd by registrar

Nov 5 1948 H. H. Gleaning

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Park Hall Rural

Street No. Rehersville Md. R. I

(If rural, give LOCATION)

2. (a) If veteran, name war

no.

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH November - 2 - 1948 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Oct. 18 1948 to Nov. 2 1948

and that I last saw her alive on Nov. 1 1948

Immediate cause of death

General Acute Schizis

Extremely protracted

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

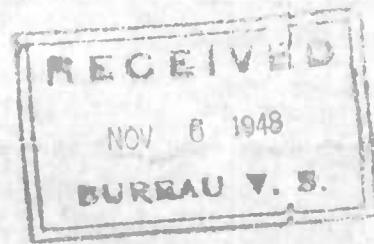
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Landreth - M. D. October

Address Boonsboro Md. Date signed 11/3/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11806

50

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 47 years  
 How long in above place of death?  
 Hospital, Institution, or street address where death occurred: Washington County Hospital  
 How long in hospital or institution? 4 days

## 3. (a) FULL NAME

Irene McGraw Rohrer

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced	
Female	White	Widowed	
6. (b) Name of husband or wife George W. Rohrer			
7. Birth date of deceased (mo., day, yr.) September 21, 1868			
8. AGE: Years	Months	Days	If less than one day
80	1	13	hrs. min.
9. Birthplace Sharpsburg Wash. Co. Md. (Town, county, and state)			
10. Usual occupation. None			
11. Industry or business. None			
12. Name. Jacob McGraw			
13. Birthplace Sharpsburg Md.			
14. Maiden name. ANNA M. Kretzer			
15. Birthplace Sharpsburg Md.			
16. Informant. Mrs. Margaret Robinson			
Address Spring Grove Pa.			

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 7, 1948  
 Cemetery or crematory Mt. View Cemetery  
 Location Sharpsburg Md.  
 18. Funeral director. Scott F. Minnich & Son  
 Address Hagerstown Md.

19. Nov. 7, 1948. Ghastly Bowery  
 (Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 429 N. Locust St.  
 (If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1948 at 9:15a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 aug 26 1844 to nov 4 1948  
 and that I last saw her alive on nov 4 1948

Immediate cause of death  
 Carcinoma of Breast  
 metastasis to lungs

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

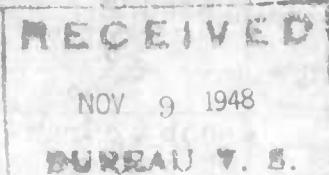
Injured at home, farm, industry, public place (where?)

Meane of injury Injured at work?

23. SIGNATURE H. L. Porterfield M.D.

M. D. or other

Address 136 W. Washington Date signed 11/6/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11897

## CERTIFICATE OF DEATH

93d  
Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 years

Hospital, institution, or street address where death occurred:  
In auto on West Washington Street

How long in hospital or institution?

## 3. (a) FULL NAME

Jacob A. Schultz

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo. day, yr.) May 1, 1893

8. (c) If alive, give age years

8. AGE: Years 55 Months 6 Days 4 It less than one day hrs. min.

8. Birthplace Baltimore, Maryland  
(Town, county, and state)

10. Usual occupation Machinist

11. Industry or business Landis Tool Company

12. Name Frank J. Schultz

13. Birthplace Baltimore, Maryland

14. Maiden name Ada M. Fitz

15. Birthplace Blue Ridge Summit, Pa.

16. Informant Mrs. Florence Reynolds

Address Hagerstown, Maryland

17. Burial Cemetery or crematory Rose Hill Cemetery  
(Burial, cremation, or removal. Which?) Date thereof 11-8-48  
(month) (day) (year)

Location Hagerstown, Maryland

18. Funeral director C. M. Suter &amp; Sons

Address Hagerstown, Maryland

19. (Date rec'd by registrar) Nov. 6, 1948

Signature of Registrar Charles Powers

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 722 West Washington Street  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

214-09-0853

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Nov. 4 1948 at 11:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. . . . . to 19. . . . . and that I last saw h . . . alive on 19. . . . .

Immediate cause of death

arteriosclerotic heart disease

Due to (coronary)

coronary occlusion

Due to acute ventricular fibrillation

Other conditions

(Include pregnancy within 8 months of death)

Major findings at operation no Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

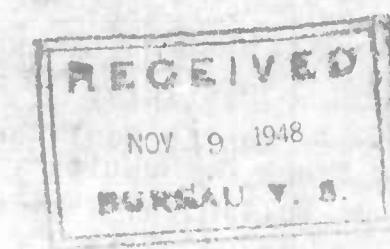
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature S. Robert Wells DEPUTY MEDICAL EXAM.

Address Hagerstown, Md. M. D. or

Date signed Nov. 5, 48



Dr. W. H. B. 11  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11808

Reg. Dist. No. 302

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? one day

Hospital, institution, or street address where death occurred:

Ward Co. Hospital

How long in hospital or institution? one day

## 3. (a) FULL NAME

Jacob Theodore Secrist

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

Elgie Secrist

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

October -31 - 1871

8. AGE:

Years  
77Months  
0Days  
26It less than one day  
hrs. min.

9. Birthplace

Pennsylvania  
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

N. Record

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

N. Record

15. Birthplace

16. Informant

Francis Secrist

Address

Knoxville Md. R. 1

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Nov. 30, 1948

(month) (day) (year)

Cemetery or crematory

Brownsville Cemetery

Location

Brownsville Md.

18. Funeral director

J. M. S. Baat &amp; Sons

Address

Brownsburg Md.

19. Date rec'd by registrar

Nov. 29, 1948

Date rec'd by registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Washington

City or town Brownsburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Knoxville R. 1

(If rural, give LOCATION)

2. (a) If veteran, name war

no

Jacob Theodore Secrist?

3. (b) Social Security Number  
None

## MEDICAL CERTIFICATION

6:05A

20. DATE OF DEATH Nov. 27 1948 19 19

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 19 to 19

Immediate cause of death

Aortic stenosis

Due to Pilat. hydrothorax

Due to chr. myocardial heart failure  
grade iv

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

no

Date of op.

Autopsy results as above Nov. 27 1948

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

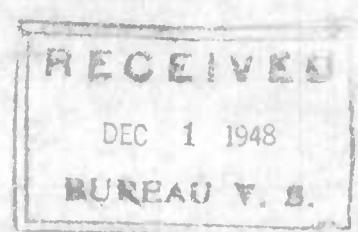
Injured at work?

Signature of physician

DEPUTY MEDICAL EXAM.

WASH. CO., MD.

Address Hagerstown Md. Date signed Nov. 28 1948



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Victor Miller

92d  
11809

Reg. Dist. No. 302

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

232 West Side Ave.

How long in hospital or institution?

## 3. (a) FULL NAME

Ida Florence Shaw

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife David Shaw

7. Birth date of deceased (mo. day, yr.) Nov. 26, 1875 6. (c) If alive, give age 74 years

8. AGE: Years Months Days If less than one day  
72 11 24 hrs. min.

9. Birthplace Hagerstown, Wash. Cty., Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER 12. Name Daniel Socks

13. Birthplace Hagerstown, Md.

14. Maiden name Eliza Downin

15. Birthplace Wilsons, Md.

16. Informant David Shaw

Address Hagerstown, Md.

17. Burial Date thereof 11-23-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown, Md.

19. (Date rec'd by registrar) 48 Chestnutt Street  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 232 West Side Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war none

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 20, 1948, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Jen 1 1948 to November 20, 1948  
and that I last saw her alive on 10/18 1948Immediate cause of death Cerebral Hemorrhage  
Chronic Sub Cerebral  
Arterio - Atherosclerosis  
DURATION 2-3 hours  
6-7 years  
(2)

Due to

Due to

Other conditions ✓  
(Include pregnancy within 8 months of death)Major findings or operations  
Date of op.Autopsy results O  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

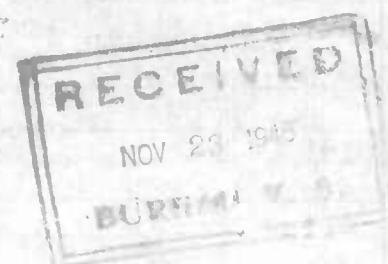
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. VICTOR D. MILLER

M. D. or other

Address 131 W. WASHINGTON ST. Date signed 11/20-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11810

83a

Reg. Dist. No. 22

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

Washington County

Hagerstown City or town

(If outside city or town limits, write RURAL and give nearest town)

27 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

266 Frederick Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland State

Washington County

Hagerstown City or town

(If outside city or town limits, write RURAL and give nearest town)

266 Frederick Street Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (a) FULL NAME

Ray William Smith

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

July 8, 1915

8. AGE:

Years  
33Months  
3Days  
26

If less than one day

.hrs. .min.

9. Birthplace

Rockford, Ill. (Town, county, and state)

10. Usual occupation

Barbers

11. Industry or business

Lewis F. Smith

12. Name

Lewis F. Smith

13. Birthplace

Smithburg, Maryland

14. Maiden name

Bertha Brown

15. Birthplace

Smithburg, Maryland

16. Informant

Mr. Lewis F. Smith

Address

266 Frederick St. Hagerstown, Md.

17. Burial

Date thereof Nov. 4, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Maryland

18. Funeral director

Fred W. Kraiss

Address

Hagerstown, Maryland

19. (Date rec'd by registrar)

Nov. 4, 1948 Short Board

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 1, 1948 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. .19. to .19.

and that I last saw h .alive on

Immediate cause of death

Cerebral hemorrhage

Due to acute cerebral hemorrhage

Due to

Other condition

(Include pregnancy within 8 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

S. Parker &amp; Wells

DEPUTY MEDICAL EXAM.

WASH. CO., MD.

M. D.

Address Hagerstown, Md. Date signed 11/14/48

RECEIVED  
NOV 8 1948  
BUREAU T. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11811

## CERTIFICATE OF DEATH

108  
Reg. Dist. No. 305

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 9 days

## 3. (a) FULL NAME

REINHART FREDERICK

SMITH

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Anna J. Bear

7. Birth date of deceased (mo. day, yr.) November 10, 1868

6. (c) If alive, give age 75 years

8. AGE: Years 79 Months 11 Days 22 If less than one day hrs. min.

9. Birthplace Hagerstown, Washington, Md. (Town, County, and state)

10. Usual occupation Barber

11. Industry or business own barber

12. Name unknown Smith

13. Birthplace Germany

14. Maiden name Katherine Unknown

15. Birthplace Germany

16. Informant Mrs. Anna Smith

Address 203 S. Potomac St., Hagerstown

17. Burial Date thereof 11-5-48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director W. T. Horment

Address Hagerstown, Md.

19. Date rec'd by registrar 11-5-48

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 203 S. Potomac Street

(If rural, give LOCATION)

2. (a) If veteran, name war non-vet.

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH NOV 2 1948 at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 24 1948 to Nov 2 1948

and that I last saw h. m. alive on Nov 2 1948

Immediate cause of death

Cardiac dilation

DURATION 11/1/48

Due to Sudden Pneumonia

DURATION 10/24/48

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. H. Portersfield M.D.

M. D. or other

Address 136 W Washington Date signed 11/3/48

Registrar



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11812

93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 305

## 1. PLACE OF DEATH:

County Washington  
City or town Clevelandsville Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

Boonsboro Md. R. 2.

How long in hospital or institution? at home

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Clevelandsville - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Boonsboro Md. R. 2.  
(If rural, give LOCATION)

No.

2.(a) If veteran, name war.

## 3. (a) FULL NAME

Samuel Edward Smith

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Widowed

6.(b) Name of husband or wife

Mollie Smith

7. Birth date of deceased (mo., day, yr.)

October - 13 - 1861

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

87

0

27

hrs.

min.

9. Birthplace

Near Boonsboro Wash. Co. Md.  
(Town, county, and state)

10. Usual occupation

Retired Stone Mason

11. Industry or business

MOTHER FATHER

12. Name

Andrew Smith

13. Birthplace

Wash. Co. Md.

14. Maiden name

Elizabeth Palmer

15. Birthplace

Wash. Co. Md.

16. Informant

Mrs. Jack Morgan

Address

Boonsboro Md.

17. Burial

Date thereof Nov. 13, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Fayettestown Cemetery

Location

Fayettestown Md.

18. Funeral director

John J. Best &amp; Sons

Address

Boonsboro Md.

19. Nov. 11, 1948

(Date rec'd by registrar)

John J. Best

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Clevelandsville - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Boonsboro Md. R. 2.  
(If rural, give LOCATION)

No.

2.(a) If veteran, name war.

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

November 10 1948 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 1, 1948 to November 10, 1948

and that I last saw him alive on November 9, 1948

Immediate cause of death

Chronic Myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Boonsboro - Date signed 11/11/48

RECEIVED

NOV 15 1948

BUREAU U. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95c

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

301

1. PLACE OF DEATH: Washington  
County: Washington

City or town: Williamsport  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 80 years

Hospital, institution, or street address where death occurred:

13 East Church St.

How long in hospital or institution?

## 3. (a) FULL NAME

William Fredrick Smith

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1868

8. AGE: Years	Months	Days	If less than one day
80	7	2	hrs. min.

9. Birthplace: Williamsport, Wash., Maryland  
(Town, county, and state)

10. Usual occupation: Tinsmith and Painter

## 11. Industry or business

Same  
12. Name: Fredrick William Smith

13. Birthplace: Germany

14. Maiden name: Elizabeth Spangler

15. Birthplace: Germany

16. Informant: Mr. George Smith

Address: Hagerstown, Maryland

17. Burial: Date thereof: NOV. 14, 1948  
(Burial, cremation, or removal. Which?)

Cemetery or crematory: Riverview Cemetery

Location: Williamsport, Md.

18. Funeral director: Edith V. Leaf

Address: Williamsport, Md.

19. Date rec'd by registrar: Nov. 14 1948  
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Williamsport  
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 13 East Church St.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 11, 1948 19 6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 1, 1948, to Nov. 11, 1948

and that I last saw him alive on Nov. 11, 1948

Immediate cause of death

Cerebral Hemorrhage 10 days

Due to:

Due to: Asthma Relapse 10 "

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. ....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE: *Edith V. Leaf* M. D. or other

Date signed: Nov. 17, 1948

RECEIVED

NOV 19 1948

BUREAU F. B. I.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

55dr

11814

302

Reg. Dist. No. ....

## CERTIFICATE OF DEATH

M  
PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Washington

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

16 years

Hospital, Institution, or street address where death occurred:

116 Cleveland Ave.

How long in hospital or institution?.....

3. (a) FULL NAME

Ira K. Snively Jr.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Helen L. Snively

8. (c) If alive, give age

34

years

7. Birth date of deceased (mo., day, yr.)

April 15, 1908

8. AGE: Years

Months

Days

If less than one day

40

6

19

hrs.

min.

9. Birthplace

Keedysville Wash. Co. Md.

(Town, county, and state)

10. Usual occupation.

Foreman

11. Industry or business

Statton Furnisher Co.

12. Name

Ira K. Snively Sr.

13. Birthplace

Keedysville Md.

14. Maiden name

Nora Bovey

15. Birthplace

Keedysville Md.

16. Informant

Mrs. Helen L. Snively

Address

Hagerstown Md.

17. Burial

Date thereof

Nov. 6, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown Md.

18. Funeral director

Scott F. Minnich & Son

Address

Hagerstown Md.

19. Nov. 6, 1948 - *Death record*

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Washington

City or town

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

116 Cleveland Ave.

(If rural, give LOCATION)

World War II

2.(a) If veteran, name war

3. (b) Social Security Number

214-09-2502

## MEDICAL CERTIFICATION

20. DATE OF DEATH

November 4 1948 at 5:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 19, 1946 to November 19, 1948

and that I last saw him alive on November 3, 1948

Immediate cause of death

Carcinoma left maxillary Antrum

DURATION

2 1/2 yrs.

Due to

Due to

Other conditions

None

(Include pregnancy within 3 months of death)

Major findings or operations

Carcinoma

Date of op. 1947

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

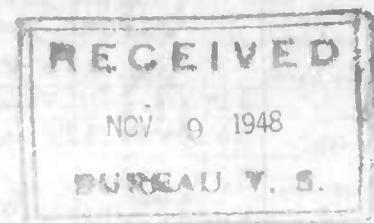
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11815

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

Washington

County

Hagerstown

City or town

(If outside city or town limits, write RURAL and give nearest town)

35 years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?

4 days

## 3. (a) FULL NAME

Flossie Geneva Stottlemyer

## 3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

July 19, 1901

8. AGE:

Years

Months

Days

If less than one day

47

3

20

hrs.

min.

9. Birthplace

Illinois

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

12. Name Rufus E. Stottlemyer

13. Birthplace Wolfsville, Maryland

14. Maiden name Pearl Wetnight

15. Birthplace Burkettsville, Maryland

16. Informant Miss Minnie Stottlemyer

Address 61 W. Washington St. Hagerstown

17. Burial Date thereof Nov. 11, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Krause

Address Hagerstown, Md.

19. Nov. 11, 1948 Chestowers

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 61 West Washington St.

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 8, 1948

at 11:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 1, 1948, to Nov. 8, 1948

and that I last saw her alive on November 8, 1948

Immediate cause of death Pulmonary edema.

DURATION

Due to Cardiac insufficiency

Due to Rheumatic heart disease

Other conditions Rheumatoid arthritis

Emaciation

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

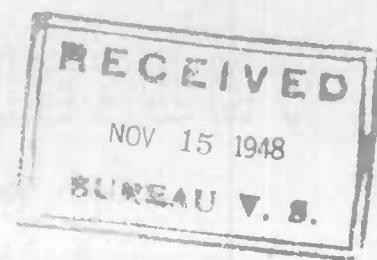
23. SIGNATURE

Robert J. Gable

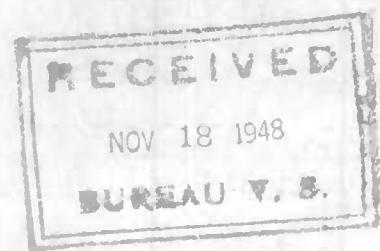
M. D. or other

Address Hagerstown, Md.

Date signed 11-9-48







PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11817

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington

City or town Waynesboro Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 29 years

Hospital, Institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Harry Clinton Unger

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

W

Single

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1879

6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day

69 1 16 hrs. min.

9. Birthplace Waynesboro, Pa. RFD #3

(Town, county, and state)

10. Usual occupation Iron Moulder

11. Industry or business

12. Name Abram Unger

Germany

FATHER

MOTHER

13. Birthplace Germany

MOTHER

14. Maiden name Mary E. Poper

15. Birthplace Waynesboro, Pa. RFD #3

16. Informant

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/25/48

(month) (day) (year)

Cemetery or crematory

Location Franklin Co. Pennsylvania

18. Funeral director State 21 Years

Address 278 Church St. Waynesboro, Pa.

Nov 22 1948 Death Record

19. (Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Waynesboro (If outside city or town limits, write RURAL and give nearest town)

Street No. 9 Cypress

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

Unger

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 25 1948 at 4:31 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 4 1948 to Nov 25 1948

and that I last saw him alive on Nov 20 1948

Immediate cause of death

Respiratory failure

DURATION

Due to Cerebral thrombosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results Cerebral thrombosis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

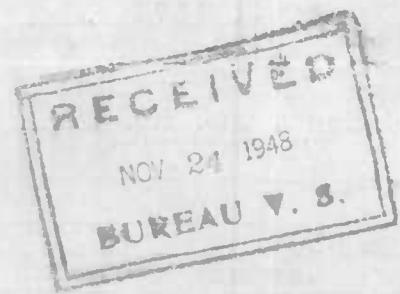
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address 1000 Washington, D.C. Date signed 11/20/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5185

11818

Reg. Dist. No. 302

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County

WASHINGTON

City or town

HAGERSTOWN

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 DAYS

Hospital, Institution, or street address where death occurred:

WASHINGTON COUNTY HOSPITAL

How long in hospital or institution?

2 DAYS

## 3. (a) FULL NAME

ELMER R. WALLECH

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MALE

WHITE

WIDOWED

6. (b) Name of husband or wife

6. (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

DECEMBER 15, 1872

8. AGE:

Years

Months

Days

If less than one day

75

10

24

hrs. min.

9. Birthplace

FRANKLIN COUNTY, PA.

(Town, county, and state)

10. Usual occupation

FARMER

11. Industry or business

MOTHER FATHER

LEVI WALLECH

FRANKLIN COUNTY, PA.

13. Birthplace

ANNA MARY SHAPIER

14. Maiden name

FRANKLIN COUNTY, PA.

15. Birthplace

MR. NORMAN WALLECH

16. Informant

Address

GREENCASTLE RT #2, PA.

17. BURIAL

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory

CEDAR HILL

Location

FRANKLIN COUNTY, PA.

18. Funeral director

W. J. Norment

Address

Hagerstown MD

19. Nov 10, 1948

Date rec'd by registrar

BREAST, Bowers

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

PENNSYLVANIA

County

FRANKLIN

City or town

RURAL

GREENCASTLE, PA.

Street No.

GREENCASTLE RT #2

(If rural, give LOCATION)

2. (a) If veteran, name war

NON-VET.

## 3. (b) Social Security Number

NONE

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 9 1948 at 10:25 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 6 1948 to Nov 9 1948

and that I last saw him alive on Nov 8 1948

Immediate cause of death

Urinary

DURATION

1 mo +

Due to Carcinoma prostate

2 yrs +

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations Carcinoma prostate extending into bladder

Date of op. Nov 8 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

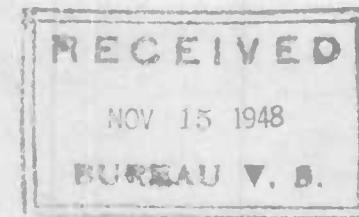
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. L. Hough Jr., M.D. M. D. or otherAddress Hagerstown MD Date signed Nov 10, 1948

Dr. Haughton  
115 W. Wash. St.



46  
1  
11819  
386  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

93d  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County Washington  
City or town Blue Ridge Summit  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Charles A. Waynant

4. Sex <u>M.</u>	5. Color or race <u>W.</u>	6. (a) Single, married, widowed, or divorced <u>M.</u>
------------------	----------------------------	--

6. (b) Name of husband or wife Mable Oden7. Birth date of deceased (mo., day, yr.) Feb. 23, 1877

8. AGE: Years <u>71</u>	Months <u>8</u>	Days <u>21</u>	If less than one day hrs. <u></u>	min. <u></u>
-------------------------	-----------------	----------------	-----------------------------------	--------------

9. Birthplace Waynesboro Pa.  
(Town, county, and state)10. Usual occupation Painter

11. Industry or business

12. Name A. E. Waynant13. Birthplace Waynesboro Pa.14. Maiden name Mariah Bender15. Birthplace Waynesboro Pa.16. Informant Miss Mable WaynantAddress Blue Ridge Summit17. Burial St Andrews

(Burial, cremation, or removal. Which?)

Cemetery or crematory St AndrewsLocation Waynesboro Pa.18. Funeral director Walter Y. GroveAddress 378 Church St, Waynesboro Pa.19. Nov 15-1948 See W Ferguson

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Blue Ridge Summit, Pa.  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

173-03-29627

## MEDICAL CERTIFICATION

20. DATE OF DEATH 14 November 19.Y.E. at 9:25 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

July 1947 to 14 Nov 1948 19.Y.E.  
and that I last saw h. alive on 14 November 19.Y.E.

Immediate cause of death

Cardiac FailureDue to Arteriosclerotic Cardiovascular DiseaseDue to Old AgeDURATION 1 year

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert A. Ferguson, M.D. M. D. or otherAddress Blue Ridge Summit, Pa. Date signed 14 Nov 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11820

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington

County...

Hagerstown

City or town...

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

14 weeks

How long in above place of death?

Hospital, institution, or street address where death occurred:

Garlock Memorial Home

14 weeks

How long in hospital or institution?

3. (a) FULL NAME

Lena Mae Whitmore

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

Earl Whitmore

6. (b) Name of husband or wife

59

years

7. Birth date of deceased (mo., day, yr.)

July 31, 1887

8. (c) If alive, give age.

8. AGE: Years

Months

Days

If less than one day

61

3

29

hrs.

min.

Keedysville Wash. Co. Md.

9. Birthplace

(Town, county, and state)

None

10. Usual occupation

None

11. Industry or business

Grant Wyand

MOTHER FATHER

Keedysville Md.

12. Name

Etta Stine

13. Birthplace

Keedysville Md.

14. Maiden name

Earl Whitmore

15. Birthplace

Funkstown Md.

Address

Burial

Dec. 2, 1948

17. (Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Luthern Cemetery

Cemetery or crematory

Keedysville Md.

Location

18. Funeral director

Scott F. Minnich &amp; Son

Address

Hagerstown Md.

19. (Date rec'd by registrar)

Dec 2, 1948

Signature

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

Washington

County...

Washington

City or town...

Funkstown

Street No...

E. Baltimore

Street No...

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

-----

## MEDICAL CERTIFICATION

11 November 30 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-25 1947 to 11-30 1948 and that I last saw her alive on 11-30 1948

Immediate cause of death

Carcinoma, Cervix Uteri

DURATION

June 1946

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, list in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

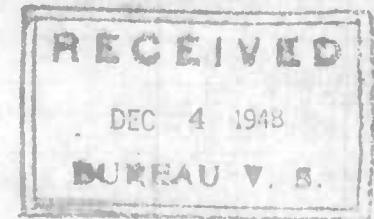
Injured at work?

23. SIGNATURE

Sallie M. Welty M.D.

M. D. or other

Address Hagerstown, Maryland Date signed 12-1-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11821

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:  
 County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 Hours  
 Hospital, institution, or street address where death occurred: 49 East Washington Street  
 How long in hospital or institution? 6 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 Maryland Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 4 Marbern Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war: NO

3. (a) FULL NAME  
 Mrs. Florence LaMar Wyand

3. (b) Social Security Number  
 None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  
 Female White Married

6.(b) Name of husband or wife Arthur P.

7. Birth date of deceased (mo., day, yr.) October 20, 1873  
 8. (c) If alive, give age years

8. AGE: Years Months Days If less than one day  
 75 0 11 hrs. min.

9. Birthplace Keedysville Wash. Co. Md.  
 (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

12. Name Marene LaMar

13. Birthplace Bukettsville Md

14. Maiden name Anna Snyder

15. Birthplace Boonsboro, Md

16. Informant Arthur P. Wyand

Address Hagerstown Md.

17. Burial Date thereof 11/3/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Nov. 3, 1948 Chart Bowers  
 (Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

P

20. DATE OF DEATH November 1, 1948, at 10.30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. .... to 19.

and that I last saw him alive on 19.

Immediate cause of death

Vascular hypertension  
 Acute massive pulmonary hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation: None Date of op.

Autopsy results: None Date of

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert H. Bowers DEPUTY MEDICAL EXAM.

WASH. CO., MD. M.D. or C.B.S.

Address Hagerstown, Md. Date signed Nov. 2, 1948

